



Cross-border healthcare

Reference year 2016

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GLOSSARY

Basic Regulation: Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

Implementing Regulation: Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

The Directive: Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

Competent Member State: The Member State in which the institution with which the person concerned is insured or from which the person is entitled to benefits is situated.

Member State of affiliation under the Directive: The Member State competent to grant a prior authorisation under the Regulations.

Lump sum Member States: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts.

Annex 3 of Regulation (EC) No 987/2009: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway.

Annex IV of Regulation (EC) No 883/2004: More rights for pensioners returning to the competent Member State granted by Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia, Sweden, Iceland and Liechtenstein.

The European Health Insurance Card (EHIC): The EHIC proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Portable Document (PD) S1: The PD S1 allows a person to register for healthcare if (s)he lives in an EU country, Iceland, Liechtenstein, Norway or Switzerland but (s)he is insured in a different one of these countries.

Portable Document (PD) S2: The 'Entitlement to scheduled treatment' certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person.

Introduction

The Network Statistics on Free Movement of Workers, Social Security Coordination and Fraud and Error (*Network Statistics FMSSFE*) has established a comprehensive statistical data collection for the European Commission (DG EMPL) to assess the functioning of the coordination of social security systems.¹

Insured persons have different routes at their disposal to receive cross-border healthcare. They can be treated under the Basic Regulation and its Implementing Regulation; or under Directive 2011/24/EU²; or under their own national legislation. The figures reported in this report relate to cross-border healthcare provided under the Regulations. The report aggregates separate data on cross-border healthcare collected within the Administrative Commission³ by four questionnaires related to cross-border healthcare.⁴

Cross-border healthcare within the EU⁵ can be defined as a situation in which the insured person receives healthcare in a Member State other than the Member State of insurance (i.e. competent Member State). Three cross-border healthcare situations are identified and regulated in the Coordination Regulations. (1) There is unplanned cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside the competent Member State. (2) Planned cross-border healthcare may be received in a Member State other than the competent Member State. Finally, (3) persons who reside in a Member State other than the competent Member State are also entitled to receive healthcare.

¹ Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (Basic Regulation). Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (Implementing Regulation).

² Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

³ The Administrative Commission for the coordination of social security systems comprises a representative of the government of each EU country and a representative of the Commission. It is responsible for dealing with administrative matters, questions of interpretation arising from the provisions of regulations on social security coordination, and for promoting and developing collaboration between EU countries. The composition, operation and tasks of the Administrative Commission are laid down in Articles 71 and 72 of the Basic Regulation.

⁴ The Network would like to thank all Member States and their competent institutions for providing these data. Without their support no data would be available at EU level and no analysis could be made. Moreover, we would like to thank the Commission (DG EMPL – Directorate D – Unit D2) for remarks, comments and exchanges on previous versions.

⁵ The term "Member States" is used in this report to indicate the 28 countries belonging to the European Union, the European Economic Area (EEA) and Switzerland. EU-15 Member States: Belgium (BE), Greece (EL), Luxembourg (LU), Denmark (DK), Spain (ES), Netherlands (NL), Germany (DE), France (FR), Portugal (PT), Ireland (IE), Italy (IT), United Kingdom (UK), Austria (AT), Finland (FI) and Sweden (SE). EU-13 Member States: Croatia (HR), Romania (RO), Bulgaria (BG), Poland (PL), Czech Republic (CZ), Latvia (LV), Lithuania (LT), Slovenia (SI), Estonia (EE), Slovakia (SK), Hungary (HU), Cyprus (CY) and Malta (MT). In addition to the 28 EU Member States, EU social security coordination rules also apply to EFTA countries via the EEA Agreement in the case of Iceland (IS), Liechtenstein (LT) and Norway (NO) and via a bilateral agreement in the case of Switzerland (CH).

Unplanned healthcare: The European Health Insurance Card (EHIC) proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State of the insured person;

Planned healthcare: The Portable Document S2 (PD S2) certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person;

Persons residing in a Member State other than the competent Member State: The Portable Document S1 (PD S1) allows the insured person to register for healthcare in a Member State other than the competent Member State of the insured person. This is typically the case of pensioners residing abroad and of cross-border workers who work in one Member State but reside in another.

The first chapter 'The European Health Insurance Card' (EHIC) presents data concerning the use of the EHIC from 1 January to 31 December 2016 as well as difficulties in using the EHIC. Furthermore, the amounts of reimbursement related to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State are reported.

The second chapter 'planned cross-border healthcare' presents data concerning the use of planned cross-border healthcare on the basis of the PD S2 as well as the budgetary impact. Furthermore, the chapter shows developments regarding the application of Regulation (EC) No 883/2004, and to some extent the impact of Directive 2011/24/EU on Patients' Rights in Cross-border Healthcare. Finally, figures are presented on the reimbursement of planned healthcare.

The third chapter 'the entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State', presents data on the number of persons entitled to sickness benefits, who reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms. It first presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2016 (*annual flow*) as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2016 (*stock*). Afterwards, more detailed data are provided for both insured persons of working age and pensioners. Finally, figures are presented on the reimbursement of sickness benefits provided to persons with a PD S1.

The final chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on this type of reimbursement.

Summary

General overview

The budgetary impact of cross-border healthcare by applying the Coordination Regulations on total healthcare spending related to benefits in kind is rather marginal as it amounts to only 0.4% of total healthcare spending related to benefits in kind. The budgetary impact varies among the different types of cross-border healthcare as well as among Member States. Healthcare provided to persons residing in a Member State other than the competent Member State (i.e. cross-border workers or pensioners) amounts to 0.3% of total healthcare spending related to benefits in kind. Unplanned necessary healthcare amounts to 0.1% and planned healthcare to 0.03% of total healthcare spending related to benefits in kind.

Unplanned necessary cross-border healthcare

Strong differences in percentage of insured persons with an EHIC exist among Member States. This can be explained by the issuing procedure and the period of validity, which the competent Member States apply. Moreover, the period of validity varies significantly among Member States and extends up to a period of 10 years.

More than nine out of ten reimbursement claims for unplanned necessary treatment abroad are settled between the Member State of stay and the competent Member State, and not between the insured person and the competent Member State, indicating a widespread and routinised payment and reimbursement procedure following the use of the EHIC.

Planned cross-border healthcare

In 2016 about 10 out of 100,000 insured persons received a PD S2. The reported figures illustrate a very concentrated use and impact of planned cross-border healthcare within a limited number of EU-15 Member States. Alongside the procedures provided by EU rules, several Member States reported the existence of parallel procedures for planned healthcare abroad based on their national legislation or on (bilateral) agreements.

Persons residing in a Member State other than the competent Member State

Approximately 1.4 million persons reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1. This implies that on average 0.3% of the insured persons reside in a Member State other than the competent Member State. Some 70% of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. The remaining 30% were issued to pensioners and their family members.

The European Health Insurance Card

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SUMMARY OF MAIN FINDINGS

The European Health Insurance Card (EHIC) proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State. This chapter presents data concerning the use of the EHIC from 1 January to 31 December 2016, practical and legal difficulties in using the EHIC and information about the amount of reimbursements related to the use of the EHIC. Data was collected through a questionnaire launched in the framework of the Administrative Commission for the Coordination of Social Security Systems.

Strong differences in percentage of insured persons with an EHIC exist among Member States. This can be explained by the issuing procedure and the period of validity, which the competent Member States apply. For instance, in some Member States the EHIC is issued automatically, whilst others issue it on request. Moreover, the period of validity varies significantly among Member States and extends up to a period of 10 years. Both the issuing procedure and the period of validity will also influence the number of Provisional Replacement Certificates (PRC) issued by the competent Member States. Either the insured person or the institution of the State of stay may request the PRC when exceptional circumstances prevent the issuing of an EHIC. In particular, Member States with a short period of validity of the EHIC issue more PRCs compared to the number of EHICs in circulation.

Most of the reimbursement claims (more than nine out of ten claims) for unplanned necessary treatment abroad are settled between the Member State of stay and the competent Member State, and not between the insured person and the competent Member State, indicating a widespread and routinised payment and reimbursement procedure following the use of the EHIC.

The competent Member States reimbursed mainly necessary healthcare provided in Germany, France and Spain. The average budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.1% of total healthcare spending related to sickness benefits in kind.

Despite Member States' efforts to raise awareness among healthcare providers and insured persons, many cases of refusals to accept EHICs are related to a lack of knowledge about the existence of the EHIC. Also interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between unplanned necessary healthcare and planned healthcare.

Many Member States report cases of inappropriate use of the EHIC by persons who were not or no longer insured. Furthermore, the United Kingdom is still aware of copycat websites which charge for advice about the use of the EHIC.

The share of rejected invoices between Member States is some 2% of the total number of claims of reimbursement received. An increase in the number of rejections is observed, which could lead to an increase in the administrative burden for Member States as well as in the delay of payments.

As regards the impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, Member States did not provide evidence that the Directive has influenced the evolution on the number of EHICs requested. Furthermore, some Member States are aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and chose to seek reimbursement under the terms of the Directive after returning home instead of following the procedure described in the Regulation. The main reason for this choice is the fact that it takes too long to receive an answer after submitting the E126 form ('Rates for refund of benefits in kind').

1. INTRODUCTION

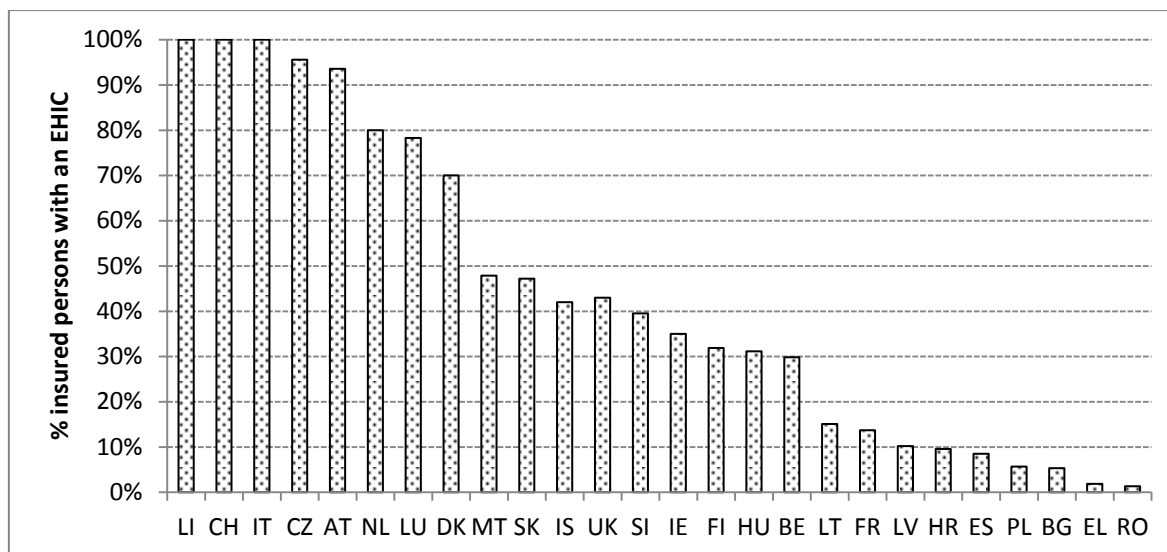
The European Health Insurance Card (EHIC) is proof that a person is an 'insured person' within the meaning of Regulation (EC) No 883/2004 and entitles the holder to be treated on the same terms as the persons insured in the statutory health care system of the Member State of stay. At the same time it is for Member States to determine what tariffs, if any, to impose for healthcare treatment. EU law does not restrict Member States in that regard, other than the requirement that all persons covered by the Regulation are treated equally. This means that if own insured persons have to pay, the persons seeking treatment with the EHIC will have to pay too; and if nationals receive reimbursement, patients having shown an EHIC can be reimbursed as well. In cases where the national healthcare systems require payment for medical care which are reimbursable by the health insurers, the persons using an EHIC can claim reimbursement either in the country of stay while they are still there, or back in the country where they are insured.

This chapter presents data concerning the use of the EHIC from 1 January to 31 December 2016 (i.e. reference year 2016), practical and legal difficulties in using the EHIC and information about the amount of reimbursements related to the use of the EHIC. Data was collected from Member States through a questionnaire launched in the framework of the Administrative Commission for the Coordination of Social security Systems (see *Annex I*).

The quantitative and qualitative data presented in this chapter should provide important information about the application of Regulation (EC) No 883/2004 as well as about some potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. For instance, the evolution of the number of EHICs in circulation and of the number of claims for reimbursement could be an indication of the impact of Directive 2011/24/EU.

2. THE NUMBER OF EHICS ISSUED / IN CIRCULATION

The number of EHICs issued in 2016 and the number of EHICs in circulation give us a first impression of the issuing procedures applied by Member States and the validity period of the EHICs (*Table 1*). In Liechtenstein (100%), Switzerland (100%), Italy (app. 100%), the Czech Republic (96%) and Austria (94%) all or almost all insured persons received an EHIC (*Figure 1*). The EHIC is issued automatically in some of these Member States. Lower coverage rates will be influenced by application procedures, the validity period, the mobility of insured persons and their awareness of their cross-border healthcare rights. We observe a rather low percentage of EHICs issued to insured persons by Lithuania (15%), France (14%), Latvia (10%), Croatia (10%), Spain (9%), Poland (6%), Bulgaria (5%), Greece (2%) and Romania (1%).

Figure 1 % insured persons with a valid EHIC, 2016


* No data available for DE, EE, CY, PT, SE and NO.

** Data reported for reference year 2015: IT and LV.

Source Administrative data EHIC Questionnaire 2017

Paragraph 5 of the Administrative Commission (AC) Decision No S1⁶ of 12 June 2009 concerning the European Health Insurance Card states: "When exceptional circumstances⁷ prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay". In particular Member States with a low period of validity of the EHIC, such as Greece, Spain and France issue a very high number of PRCs when compared to the number of EHICs in circulation (*see last column of Table 1*). However, this could also be an indicator for the lack of awareness of insured persons. The issuing of a PRC implies an additional administrative burden for competent institutions.

Furthermore, Member States did not provide evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of EHICs requested.

If many patients have and use their EHIC when they are accessing necessary healthcare during a temporary stay abroad, this should result in a high percentage of reimbursement claims settled directly between the Member State of stay and the competent Member State (*via the E125 form/SED S080*). If the patients do not have an EHIC or its PRC, or if the national healthcare system of the country they are visiting is organised in a way where patients need to pay for the full cost and subsequently seek reimbursement, the insured persons will pay upfront and claim afterwards reimbursement. In the first case, having an EHIC will mean that insured persons will have to deal with a lower financial burden (or no financial burden at all in countries where healthcare is provided free of charge) whenever receiving necessary healthcare abroad.

⁶ Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010, p. 23-25.

⁷ "Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued" (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

Table 1 The number of EHICs issued / in circulation / as a percentage of the insured population and the number of PRCs issued, 2016

MS	Number of EHIC issued	Number of PRCs issued (A)	Total number of EHIC in circulation (B)	Number of insured persons (C)	% insured persons with a EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE	3,097,952	32,043	3,386,986	11,352,235	29.8%	0.9%
BG	165,030	25,363	323,238	6,089,254	5.3%	7.8%
CZ	App. 1,500,000	21,537	App. 10,000,000	10,461,983	95.6%	0.2%
DK	App. 450,000	n.a.	App. 3,990,000	App. 5,700,000	70.0%	n.a.
DE*	n.a.	n.a.	n.a.	70,728,389	n.a.	n.a.
EE	107,380	11,577	n.a.	1,237,277	n.a.	n.a.
IE	487,049	132,055	1,602,694	n.a.	App. 35%	8.2%
EL	205,542	104,136	167,666	App. 6,813,926	1.9%	62.1%
ES	2,249,422	833,793	4,096,326	48,168,523	8.5%	20.4%
FR	4,839,542	2,100,437	9,084,040	66,449,362	13.7%	23.1%
HR	134,837	3,364	401,072	4,189,493	9.6%	0.8%
IT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	46,678	19	n.a.	630,000	n.a.	n.a.
LV	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
LT	207,570	3,155	442,992	2,939,717	15.1%	0.7%
LU	142,270	11,284	681,191	869,953	78.3%	1.7%
HU	464,925	37,582	1,281,022	4,114,000	31.1%	2.9%
MT	37,918	29	193,115	App. 403,480	47.9%	0.0%
NL	3,510,359	App. 7,500	App. 13,000,000	16,355,134	79.5%	0.1%
AT	1,277,625	App. 15,000	8,272,788	8,841,390	93.6%	0.2%
PL	2,870,186	17,555	1,988,588	35,030,191	5.7%	0.9%
PT	480,012	20,632	1,614,515	n.a.	n.a.	
RO	278,484	12,480	225,657	17,130,940	1.3%	5.5%
SI	517,973	107,835	865,170	2,189,106	39.5%	12.5%
SK	733,496	96,938	2,429,445	5,147,408	47.2%	4.0%
FI	971,000	13,536	1,755,847	5,508,045	31.9%	0.8%
SE	1,340,018	7,335	4,171,193	n.a.	n.a.	0.0%
UK	6,401,072	14,929	26,723,920	64,875,165	41.2%	0.1%
IS	37,419	7,592	142,361	340,847	41.8%	5.3%
LI	2,137	88	38,982	38,982	100.0%	0.2%
NO	797,168	7,712	App. 1,500,000	n.a.	n.a.	0.5%
CH	2,200,000	n.a.	App. 8,200,000	8,200,000	100.0%	n.a.

* DE: in Germany the EHIC is generally shown on the back of the national health insurance card and it is available countrywide, however the precise number of EHICs in circulation in Germany is not available due to the high number of statutory health insurances in that country.

Source Administrative data EHIC Questionnaire 2017

3. THE PERIOD OF VALIDITY AND THE ISSUING PROCEDURE OF THE EHIC

The EHIC Questionnaire did not explicitly ask the Member States to describe their issuing procedures but rather to report the changes occurred in 2016 compared to previous years.⁸ The Netherlands report that a number of competent institutions changed the period of validity from three to five years. Poland has modified the period of validity very recently (i.e. first semester 2017) as the period is extended from 6 to 12 months for most categories of insured persons. The same goes for Romania. Finally, the period of validity of the EHIC in Hungary for specific categories of insured persons concerned (i.e. people with an entitlement based on foreseeable terms) is now equal to the foreseeable closing date of their entitlement.

In general, the period of validity varies significantly among Member States, within certain Member States, and between categories/situations (active population, posted workers, family members, children, students, pensioners etc.) (Table 2). The period of validity of the EHIC is limited in all Member States. Furthermore, recent changes by Member States mostly implied an extension of the validity period. Some Member

⁸ A detailed overview of the issuing procedures applied by the different Member States can be found in the 2013 EHIC report

States have also defined a (much) longer validity period of EHICs issued to pensioners (e.g. AT (10 years), BG (10 years), PL (5 years), SI (5 years), IS (5 years)). As mentioned before, the length of the validity period has an impact on the annual number of EHICs issued by the Member States.

Table 2 The validity period of the EHIC, 2016

MS	Validity period of the EHIC
BE	1 to 2 years (i.e. until 31/12 of the next year)
BG	1 year (economically active persons), 5 years (children), 10 years (pensioners)
CZ	5 years
DK	(max) 5 years, shorter periods for specific cases
DE	several days/weeks to several years (same period of the national card)
EE	max 3 years (adults), max 5 years (children)
IE	4 years
EL	1 year (employed and self-employed), 1 to 3 years (pensioners), app. 6 months (students)
ES	2 years, 12 months (one competent institution)
FR	2 years
HR	3 years (all insured persons), 4 to 5 years (diplomatic personnel)
IT	6 years
CY	max 5 years
LV	3 years
LT	max 2 years (active population), up to 6 years (those insured by State means), max 1 year (students)
LU	3-60 months (proportionate to the length of the insurance record), min 1 year for defined groups registered with an S1
HU	max 3 years (insured persons), max. 4 years for posted civil servants, in some cases equal to the foreseeable closing date of their entitlement
MT	5 years (subject to the applicant moving to another country throughout the validity period)
NL	1, 3 and 5 years Most competent institutions issue an EHIC for a period of 5 years.
AT	1 or 5 years, 10 years (pensioners)
PL	1 year, 5 years (pensioners), shorter periods in defined cases
PT	3 years
RO	1 year
SI	1 year, 5 years (pensioners and their family members, children)
SK	indefinite (possibility of a limited duration for foreign workers on fixed-term contracts)
FI	2 years
SE	3 years
UK	5 years, 1 year maximum for frontier workers – Gibraltar residents
IS	3 years, 5 years (pensioners)
LI	5 years
NO	3 years
CH	between 3 and 10 years (5 years on average)

Source Update EHIC report 2016

4. RAISING AWARENESS

Member States were asked to report ongoing or newly introduced initiatives in 2016 to improve citizens' and healthcare providers' knowledge of the rights of cross-border patients both under the terms of the EU rules on the coordination of social security systems and Directive 2011/24/EU on patients' rights in cross-border healthcare (*Annex II – Table A1*). Especially in tourist areas, it is important that tourists and healthcare providers are well informed. With regards to communication, some of the competent institutions refer to the 'National contact points for cross-border healthcare' and the linked websites.⁹ There have been no significant changes in communication

⁹ For the list of national contact points see:

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

compared to previous years. Most Member States provide information on EHIC to insured persons, sometimes just before the start of the winter or summer season, by means of websites, brochures/guides/leaflets/flyers, a mobile application, and telephone assistance. Frequently, information is published in magazines and newspapers, distributed by press releases or communicated on TV and radio. Healthcare providers are informed by the competent institutions (and liaison bodies) via leaflets/brochures, websites, training courses, personal advice and support, (in)formal instructions and consultations/visits/meetings.

Finally, it is worth noting that at European level the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules.¹⁰

5. THE BUDGETARY IMPACT

5.1. Introduction

Regulation (EC) No 987/2009 describes two different reimbursement procedures of unplanned necessary healthcare provided in the Member State of stay.

If the person actually paid the costs of the treatment, they may, on the basis of the EHIC, ask reimbursement directly from the institution of the Member State of stay¹¹. This is a first option. In this case, the Member State of stay will claim reimbursement from the competent Member State using the E125 form (*Individual record of actual expenditure*) /SED S080 (*Claim for reimbursement*) on the basis of the real expenses of the healthcare provided abroad.

Another option is for the insured person who actually paid upfront the cost of the unplanned necessary healthcare to ask for reimbursement from the competent Member State after returning home¹². In this case, the competent Member State will use an E126 form (*Rates for refund of benefits in kind*)/SED S067 (*Request for reimbursement rates – stay*) to establish the amount to be reimbursed to the insured person. The form will be sent to the Member State of stay in order to obtain more information on the reimbursement costs. However, the reimbursement to the insured person without determining reimbursement rates by means of an E126 form is provided in some cases based on other (national) provisions.

The period between treatment and reimbursement may differ significantly if reimbursement is requested by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims related to an E125 form/SED S080 should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay.¹³ This implies that for 2016 the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2015. Furthermore, differences will exist between the amounts claimed and paid/received by Member States.¹⁴

¹⁰ For instance, information concerning the EHIC is published on the website of DG EMPL <http://ec.europa.eu/social/main.jsp?catId=509&langId=en>. Also, some important decisions of the Administrative Commission have been published and points of concern have been discussed within this Commission. Finally, in 2013 the European Commission launched infringement proceedings against Spain due to the administrative practice of various Spanish hospitals – concentrated mainly in tourist areas – to refuse to accept the EHIC if the patient was in possession of travel insurance. In addition, there is the EHIC app for smartphones.

¹¹ Article 25(4) of Regulation (EC) No 987/2009.

¹² Article 25(5) of Regulation (EC) No 987/2009.

¹³ In case the claim is recorded in October 2016 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2017.

¹⁴ The EHIC-questionnaire asks the amount claimed (Word-file) as well as the amount paid/received (Excel-file). In most cases the amount paid/received is reported in *Tables 3 and 4*. However, it might be better that only one amount is asked. Moreover, it would be useful that this question is the same in all questionnaires related to cross-border healthcare (PD S2 Questionnaire, PD S1 Questionnaire and EHIC Questionnaire).

5.2. Reimbursement of claims in numbers and amounts

5.2.1. From the perspective of the competent Member State

In 2016, some 8 out of 10 claims of reimbursement were settled by an E125 form/SED S080. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were received by Germany (539,610 E125 forms received) and France (a total number of 456,538 claims received).

Almost all reporting competent Member States (which reported both the number of E125 forms received and the number of E126 forms issued) received the majority of the claims via an E125 form (*Table 3*). Especially Bulgaria, the Czech Republic, Ireland, Greece, Croatia, Cyprus, Hungary, Portugal and Romania show a high percentage of claims settled via an E125 form (above 94% of total claims received). For Spain (64%), Belgium (31%), Slovenia (17%) and Denmark (15%) we observe a high percentage of claims issued by insured persons and verified via an E126 form. Moreover, France has settled 32% of the reimbursement claims via a national method other than those provided by Articles 25(4) and (5) of Regulation (EC) No 987/2009. Nonetheless, the share in the total amount which is paid by France (10% of total amount) via this other procedure is much lower.

The amounts for reimbursement of medical treatment claimed via E125 forms are outlined in *Table 3*. Most of the claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were paid by Germany (€ 236.4 million related to the number of E125 forms received). On average, 93% of the claims paid were settled via an E125 form. It appears that the share of the amount settled via an E125 form in the total expenditure is much higher compared to their share as a proportion of the total number of forms received. This implies a higher amount per E125 form compared to the amounts per E126 form or per claim not verified via an E126 form.

In *Annex III – Tables A1 and A2* the individual claims of reimbursement received from the Member States of treatment are reported. The competent Member States reimbursed mainly necessary healthcare provided in Germany (this is the case for BG, CZ, DK, EE, ES, HR, HU, AT, PL and IS), France (this is the case for BE, NL, PT and UK) and Spain (this is the case for IE and FI).

Under the social security coordination rules, the budgetary impact of cross-border expenditure related to unplanned healthcare treatment during a stay abroad on average amounts to 0.1% of total healthcare spending related to benefits in kind (*Figure 2*). Only Bulgaria, Estonia, Romania and Lithuania show a cross-border expenditure of more than 0.5% of total healthcare spending related to benefits in kind. Moreover, the EU-13 Member States show a higher relative cross-border expenditure compared to the EU-15 Member States. This is not surprising as in Member States with a low healthcare expenditure per inhabitant the relative share of costs for unplanned cross-border healthcare in relation to the healthcare spending related to benefits in kind is higher as result of the reimbursement provisions.

Finally, Member States were asked if they are aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and chose to seek reimbursement under the terms of the Directive after returning home instead of following the procedure described in the Regulation. The Czech Republic, Denmark, Greece, Lithuania, Luxembourg, the Netherlands, Romania and Sweden are aware of such cases. However, most of them cannot quantify the number of cases. The main reason for this option is the fact that it takes too long to receive an answer to the E126 form.

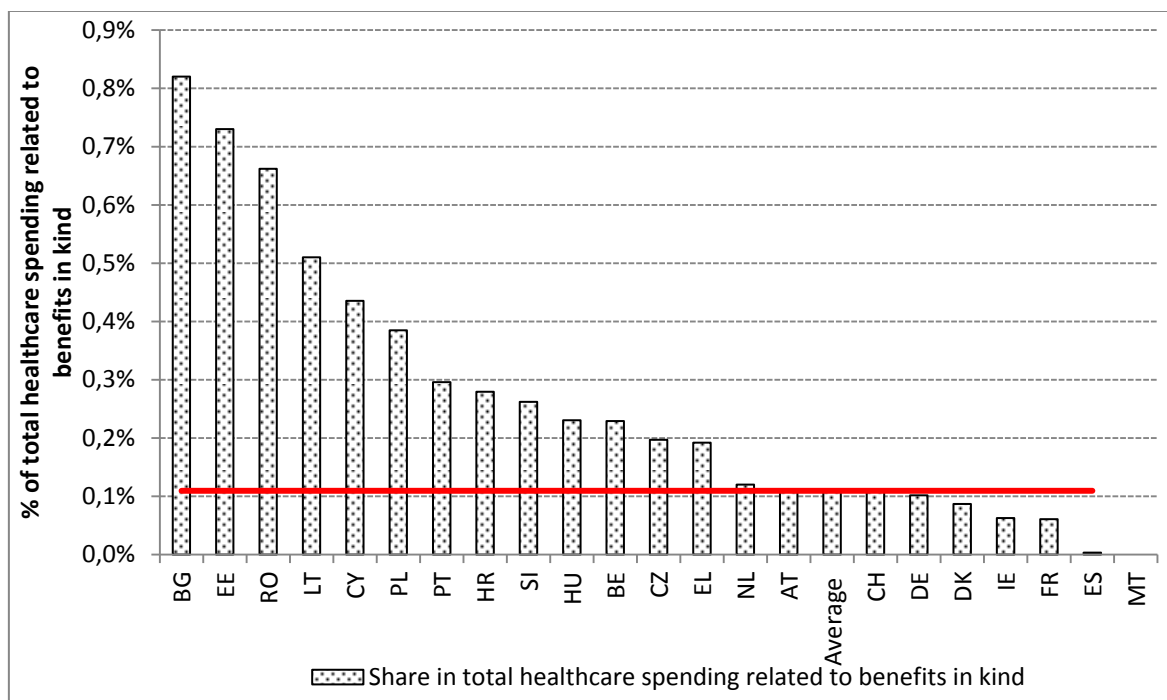
Table 3 Reimbursement by the competent Member State, 2016

MS	E125 received		E126 issued		Claims not verified by E126		Total		Number of foms			Amount		
	Number of forms	Amount (in €)	Number of forms	Amount (in €)	Number of claims	Amount (in €)	Number of forms/claims	Amount (in €)	E125	E126	Other	E125	E126	Other
BE	41,309	61,607,064	19,188	7,228,315	675	93,356	61,172	68,928,735	67.5%	31.4%	1.1%	89.4%	10.5%	0.1%
BG	40,416	14,813,419	269	937,899			40,685	15,751,318	99.3%	0.7%	0.0%	94.0%	6.0%	0.0%
CZ	40,731	16,659,744	1,102	78,568			41,833	16,738,312	97.4%	2.6%	0.0%	99.5%	0.5%	0.0%
DK	22,159	12,040,992	3,814	549,304			25,973	12,590,296	85.3%	14.7%	0.0%	95.6%	4.4%	0.0%
DE	539,610	236,400,000												
EE	6,502	5,710,990	354	46,726			6,856	5,757,716	94.8%	5.2%	0.0%	99.2%	0.8%	0.0%
IE	29,924	7,163,542					29,924		100.0%	0.0%	0.0%			
EL	20,312	16,257,702	29				20,341		99.9%	0.1%	0.0%			
ES	4,984	2,010,228	6,115	767,491			11,099	2,777,719	44.9%	55.1%	0.0%	72.4%	27.6%	0.0%
FR	299,497	94,336,822	12,506	3,296,214	144,535	11,227,530	456,538	108,860,567	65.6%	2.7%	31.7%	86.7%	3.0%	10.3%
HR	14,407	7,501,385	809				15,216		94.7%	5.3%	0.0%			
IT														
CY	3,397	2,081,779	20				3,417		99.4%	0.6%	0.0%			
LV														
LT	7,334	6,696,733	834	95,375	3	42	8,171	6,792,150	89.8%	10.2%	0.0%	98.6%	1.4%	0.0%
LU														
HU	23,346	10,365,273	966	203,288			24,312	10,568,561	96.0%	4.0%	0.0%	98.1%	1.9%	0.0%
MT														
NL	82,614	62,781,695	4	3,990			82,618	62,785,685	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
AT	88,304	22,962,639	7,340	46,280	85	98,898	95,729	23,107,817	92.2%	7.7%	0.1%	99.4%	0.2%	0.4%
PL	80,205	45,138,727	6,580	959,648	7,980	3,986,128	94,765	50,084,503	84.6%	6.9%	8.4%	90.1%	1.9%	8.0%
PT	33,563	29,452,252	820	120,467			34,383	29,572,719	97.6%	2.4%	0.0%	99.6%	0.4%	0.0%
RO	29,894	36,357,387	209	62,699			30,103	36,420,086	99.3%	0.7%	0.0%	99.8%	0.2%	0.0%
SI	19,458	5,956,078	4,053	220,876			23,511	6,176,954	82.8%	17.2%	0.0%	96.4%	3.6%	0.0%
SK														
FI	30,546	6,916,797	318	66,364	7,163	3,191,132	38,027	10,174,292	80.3%	0.8%	18.8%	68.0%	0.7%	31.4%
SE	52,129	31,725,429												
UK			14,733	1,659,659	2,245									
IS	3,591	1,167,377	322	61,315			3,913	1,228,692	91.8%	8.2%	0.0%	95.0%	5.0%	0.0%
LI														
NO			526	285,190										
CH	71,267	36,116,000												
Total	1,585,499	772,220,053	80,911	16,689,669	162,686	18,597,087			79%			93%		

*BE: only E125 forms received electronically.

Source Administrative data EHC Questionnaire 2017

Figure 2 Amount paid related to necessary healthcare treatment (E125 forms received + E126 forms issued + other) as share of total healthcare spending related to benefits in kind (2014*), from the perspective of the competent Member State, 2016



* 2014 : most recent figures reported by Eurostat.

Source Administrative data EHIC Questionnaire 2017; EUROSTAT [spr_exp_fsi]

5.2.2. From the perspective of the Member State of stay or the insured person

In 2016, some 2 million E125 forms/SEDs S080 were issued by the reporting Member States (*Table 4*). These claims amount to more than € 1 billion. On average, 96% of the claims were settled via an E125 form. This confirms an earlier conclusion that most of the claims are settled between Member States and not between insured persons and their competent Member State. Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were issued by Germany (439,818 forms, of which 423,524 E125 forms issued) and Spain (430,311 forms, of which 423,791 E125 forms issued). Both Member States and France claimed also the highest amount of reimbursement (FR: € 252 million, DE: € 210 million and ES: € 176 million).

A number of Member States of temporary stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)) (NO (34%), CH (28%), SI (22%), FI (20%) and BG (20%) (*Table 4*). However, the amount covered by the E126 forms compared to the amount covered by the E125 forms appears to be (much) lower.

In *Annex III – Tables A3 and A3* the individual claims of reimbursement issued to the competent Member States are reported.

Also from the perspective of the Member State of treatment it is useful to know how high claims are in relative terms (*Figure 3*). Only Austria, Croatia and Greece claimed an amount higher than 0.3% of total healthcare spending related to benefits in kind. Despite the high amount of reimbursement claimed by France, Germany and Spain, the budgetary impact on total spending remains rather limited.

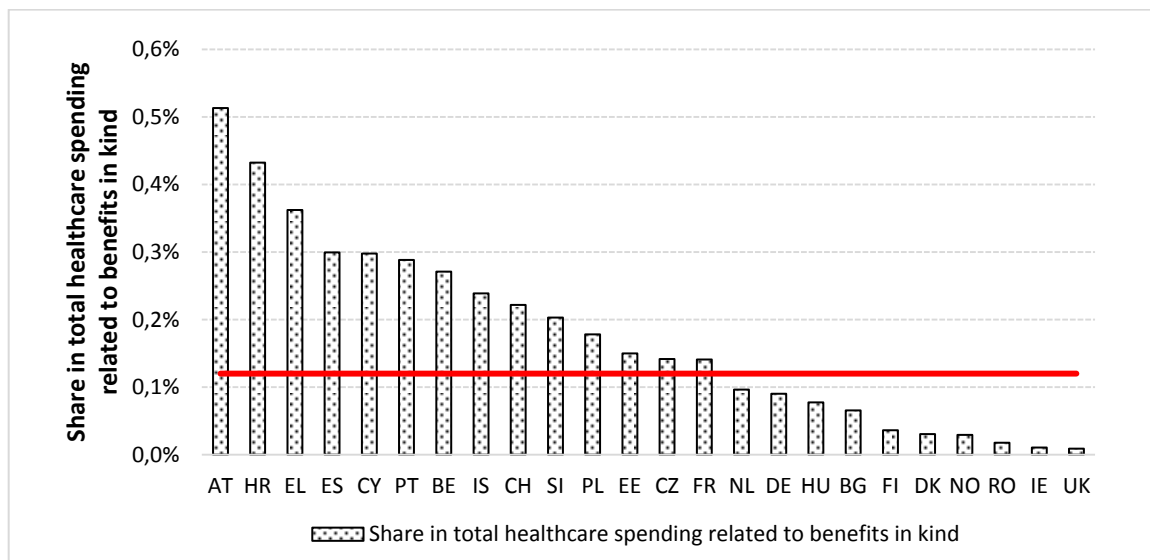
Table 4 Reimbursement to the Member State of stay or to the insured person, 2016

MS	E125 issued		E126 received		Total		Number of forms		Amount	
	Number of forms	Amount (in €)	Number of forms	Amount (in €)	Number of forms	Amount (in €)	E125	E126	E125	E126
BE	64,501	80,760,264	4,797	748,751	69,298	81,509,015	93.1%	6.9%	99.1%	0.9%
BG	3,674	793,720	887	463,645	4,561	1,257,365	80.6%	19.4%	63.1%	36.9%
CZ	47,569	11,861,958	1,337	172,140	48,906	12,034,098	97.3%	2.7%	98.6%	1.4%
DK	11,123	4,410,639	150		11,273		98.7%	1.3%		
DE	423,524	209,870,000	16,294		439,818		96.3%	3.7%		
EE	18,109	1,205,562	142		18,251		99.2%	0.8%		
IE	27,142	1,221,279								
EL	37,916	30,619,467	4,147	58,902	42,063	30,678,369	90.1%	9.9%	99.8%	0.2%
ES	423,791	176,406,627	6,520	1,204,953	430,311	176,406,627	98.5%	1.5%	99.3%	0.7%
FR	118,100	252,275,249								
HR	102,714	11,610,430	3,695		106,409		96.5%	3.5%		
IT										
CY	4,977	1,423,944			4,977		100.0%	0.0%		
LV										
LT	2,071	375,884	213	40,564	2,284	416,448	90.7%	9.3%	90.3%	9.7%
LU										
HU	16,896	3,529,930	401	14,854	17,297	3,544,784	97.7%	2.3%	99.6%	0.4%
MT										
NL	44,648	52,231,189	4,587		49,235		90.7%	9.3%		
AT	245,398	107,971,560	2,932	24,336	248,330	107,995,896	98.8%	1.2%	100.0%	0.0%
PL	207,146	23,110,657	866	71,255	208,012	23,181,911	99.6%	0.4%	99.7%	0.3%
PT	177,088	28,415,891	3,572	382,763	180,660	28,798,654	98.0%	2.0%	98.7%	1.3%
RO	2,195	938,485	409	34,620	2,604	973,105	84.3%	15.7%	96.4%	3.6%
SI	14,117	4,562,340	4,053	220,876	18,170	4,783,216	77.7%	22.3%	95.4%	4.6%
SK										
FI	6,267	4,673,485	1,538		7,805		80.3%	19.7%		
SE	29,441	19,419,597	581		30,022		98.1%	1.9%		
UK	11,532	14,966,866	280	298,477	11,812	15,265,343	97.6%	2.4%	98.0%	2.0%
IS	3,238	1,586,677	216	545,000	3,454	2,131,677	93.7%	6.3%	74.4%	25.6%
LI										
NO	1,110	5,764,498	567	160,183	1,677		66.2%	33.8%		
CH	47,593	73,701,000	18,769		66,362		71.7%	28.3%		
Total	2,091,880	1,123,707,197	76,953	4,441,317			96%		96%	

* DE: The amount of the individual requests was not recorded. However, the number of requests in each of the following ranges was documented: less than € 100: 5,893 requests; between € 100 EUR and € 1,000: 9,224 requests, more than € 1,000: 1,177 requests.

Source Administrative data EHIC Questionnaire 2017

Figure 3 Amount received related to necessary healthcare treatment (E125 forms received + E126 forms issued + other) as share of total healthcare spending related to benefits in kind (2014*), from the perspective of the Member State of stay, 2016



* 2014 : most recent figures reported by Eurostat.

Source Administrative data EHIC Questionnaire 2017; EUROSTAT [spr_exp_fsi]

6. PRACTICAL AND LEGAL DIFFICULTIES IN USING THE EHIC

6.1. Inappropriate use of the EHIC

Many Member States¹⁵ reported cases of fraudulent use of the EHIC (*Annex II – Table A2*). Most of the reported cases refer to the inappropriate use of the EHIC by persons who were not or no longer entitled to healthcare in accordance with the national legislation. Furthermore, cases of inappropriate use of counterfeited EHICs were reported by Poland. The United Kingdom reported that they are still aware of cypcat websites charging for advice related to the use of the EHIC. The NHS Business Service Authority is currently helping the National Trading Standards Board (NTSB) with the criminal prosecution of some websites purporting to provide government services, including EHIC. Finally, cases of error were reported by Poland, Portugal and Romania.

Inappropriate use is problematic for both the Member State of stay which has to claim a reimbursement and the competent Member State which has to cover it. Actions to avoid such cases of misuse are defined by the Decision of the Administrative Commission No S1 concerning the EHIC (i.e. cooperation between institutions in order to avoid misuse of the EHIC, the EHIC should contain an expiry date etc.).

A number of Member States were able to quantify the inappropriate use of the EHIC (*Table 5*). Out of this group, Austria reported the highest number of cases of inappropriate use. Those reported cases could be compared to the total reimbursement claims. In relative terms, both Estonia (3% of the amount reimbursed) and Lithuania (2% of the amount reimbursed) are confronted with the highest impact.

¹⁵ The Czech Republic, Germany, Estonia, Spain, Lithuania, the Netherlands, Austria, Poland, Portugal, Romania, Slovakia, the United Kingdom, Iceland, Norway and Switzerland.

Table 5 Number of cases of inappropriate use of the EHIC, 2016

	Total number of cases identified	Total amount involved (in €)	Share in total number of claims paid**	Share in total amount reimbursed**
CZ	A few hundred		0.2%	
EE	193	175,297	2.8%	3.0%
LT	284	134,209	3.5%	2.0%
NL	More than 100 cases	85,757	0.1%	0.02%
AT	791	189,868	0.8%	0.8%
RO*	315	212,924	1.0%	0.6%

* RO: includes cases of fraud and error.

** For the nominator: see Table 3.

Source Administrative data EHIC Questionnaire 2017

Furthermore, Member States were asked if they are aware of other problems related to the use of the EHIC (*Annex II – Table A6*). Some Member States consider that a date of issue is needed on the EHIC, in systems where healthcare providers do not require an EHIC or a PRC when the treatment is provided. Currently, the EHIC has an expiry date but not a date of issue.

6.2. Refusal of the EHIC by healthcare providers

Member States were asked if they are aware of cases of refusals to accept EHICs by healthcare providers established in their country or another country. If so, the underlying reasons to refuse the EHIC by healthcare providers could be reported.

The detailed reply by Member States to this question is provided in *Annex II – Table A3*. Despite Member States' efforts to raise awareness among healthcare providers, many of the reported problems could be related to a lack of knowledge. Also interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between unplanned necessary healthcare and planned healthcare. Some competent Member States reported that even with a valid EHIC some healthcare providers still request payment upfront or send invoices to the patient's home address. The fact that treatment is limited to public healthcare providers is challenging for insured persons at times, since they need to identify if the healthcare provider in the Member State of stay is public or private. Some healthcare providers avoid reimbursement procedures due to administrative burdens.

Among the reasons for a refusal of the EHIC by healthcare providers, Member States reported the following:

- a lack of knowledge of procedures;
- to avoid administrative burden;
- considered as planned healthcare;
- the scope of 'necessary healthcare';
- fear about failure to pay, insufficient payment, or late payment;
- a private healthcare provider;
- preference of cash payments;
- unreadable EHIC;
- doubts about the validity of the EHIC or the PRC.

Member States of stay try to solve these cases by explaining the rules or by investigating the reported cases. The competent Member States try to solve these cases by contacting the foreign liaison body, the foreign healthcare provider, the competent foreign institute or by SOLVIT.

6.3. Alignment of rights

Despite the Administrative Commission Decisions¹⁶ and the European Commission's explanatory notes¹⁷ on the matter, most of the reporting Member States signalled difficulties in connection with the interpretation of 'necessary healthcare' (see also *Annex II – Table A4*). Healthcare providers of the Member States of stay may refuse to provide healthcare on the basis of an EHIC, or competent Member States may refuse reimbursement of the provided healthcare due to a too broad interpretation of 'necessary healthcare'.

There appears to be a lack of consistent interpretation between Member States, and between healthcare providers. First, healthcare providers struggle to make a correct distinction between 'unplanned necessary healthcare' and 'planned healthcare'. Some Member States report difficulties even for treatments defined in Decision S3 of the Administrative Commission¹⁸ and covered by the EHIC.

The following paragraph of AC Decision S3 appears to result in interpretation problems: *"Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement between the insured person and the unit providing the treatment in order to ensure that the treatment is available during the insured person's stay in a Member State other than the competent Member State or the one of residence"*.¹⁹ Such prior agreement is recommended between the patient and the healthcare provider they will visit abroad, to ensure that the highly specialised treatment will be available when they visit, for example a dialysis centre. However, this does not refer to a prior authorisation by the authorities of the Member State where the person is insured to access such healthcare abroad. Therefore such costs should be covered via the EHIC and there should be no need for a prior authorisation for planned treatment abroad (via an S2 form).

Some healthcare providers may narrow the concept of 'necessary healthcare' down to 'emergency care'.

Finally, the expected length of the stay should be taken into account, as there is no specific time limit for defining a temporary stay, and persons who stay abroad longer (for example students who do not move their habitual residence to the country of their studies) may need to access a wider range of treatment than someone who is abroad only for a week.

6.4. Invoice rejection

Most of the rejections of an invoice issued or received by the E125 form/SED S080 are the result of an invalid EHIC at the moment of treatment or an incomplete E125 form (see also *Annex II – Table A5*). It also appears that some competent institutions even refuse to settle the claim on the grounds that the date of issue of the EHIC was later than the start of treatment or than the end of the treatment period.

Main reasons reported to refuse an invoice were:

- expired EHIC;

¹⁶ Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which have to be considered as 'necessary care'.

¹⁷ Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at <http://ec.europa.eu/social/main.jsp?catId=867>.

¹⁸ Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

¹⁹ Non-exhaustive list of the treatments which fulfil these criteria: kidney dialysis, oxygen therapy, special asthma treatment, echocardiography in case of chronic autoimmune diseases, chemotherapy.

- date of treatment before EHIC was issued;
- Incomplete E125 form:
 - wrong personal ID number;
 - missing EHIC ID number;
 - invalid EHIC ID number;
 - insufficient information concerning the EHIC.
- Duplication of claims.

A total number of twelve Member States were able to quantify the number of rejected invoices by their institutions or other institutions. Those cases could be compared with the total number of claims of reimbursement received or issued by an E125 form. The share of rejected invoices compared to the total claims of reimbursement received is on average 2.4% (Table 6). However, this percentage varies markedly among the reporting Member States. For instance, about 7% of the claims issued by Germany were rejected and about 2% of the claims it received. Also a higher number of claims of reimbursement issued by Norway (6.3%), France (3.3%) and the United Kingdom (3.3%) have been rejected by the competent institutions in other Member States. From the perspective of competent Member States, Croatia has rejected 5.9% of the claims it received in 2016. Compared to 2015 the percentage of rejections has increased significantly. The previous EHIC report highlighted already that some Member States observed an increase in the number of rejections. It could lead to an increase of the administrative burden for Member States of stay if additional information has to be provided/asked in order to receive the reimbursement. It will also result in a delay of payment or even in a budgetary cost for the Member State of stay if claims are not accepted by the competent Member State.

Table 6 Number of rejection of invoices, 2016

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued	Rejections in 2015	Rejections by your institutions	Share of rejections in total reimbursement claims received	Rejections in 2015
CZ	500	1.1%	1.5%	500	1.2%	n.a.
DK	73	0.7%	n.a.	84	0.4%	0.1%
DE	29,000	6.8%	5.2%	12,000	2.2%	2.3%
EE	50	0.3%	0.0%	n.a.	n.a.	0.2%
FR	3,874	3.3%	n.a.	6,438	2.1%	n.a.
HR	906	0.9%	0.4%	855	5.9%	3.6%
CY	47	0.9%	0.6%	n.a.	n.a.	0.5%
SI	159	1.1%	1.6%	519	2.7%	2.7%
FI		1-2%	1 - 2%	n.a.	n.a.	1 - 2%
UK	382	3.3%	1.9%	3,682	n.a.	n.a.
IS	40	1.2%	n.a.	n.a.	n.a.	n.a.
NO	70	6.3%	n.a.	n.a.	n.a.	n.a.
Total*		2.4%	1.4%		2.4%	1.3%

* Unweighted average of the reporting Member States.

Source Administrative data EHIC Questionnaire 2017

ANNEX I 2017 EHIC QUESTIONNAIRE

Part I

Statistics concerning the use of the European Health Insurance Card (EHIC) from 1 January to 31 December 2016

1. Number of EHICs issued/in circulation

- How many EHICs did your institutions issue between 1 January and 31 December 2016?
- Was there any specific legislative or administrative change in your country that influenced the evolution of the number of EHICs issued by your institutions during this reference year? Do you have any evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has an influence on the evolution of the number of EHICs requested by insured persons?
- How many EHICs issued by your institutions were in circulation on 31 December 2015? (This means valid EHICs).

2. Number of provisional replacement certificates (PRC) issued

- How many PRCs were issued between 1 January and 31 December 2016?
- Are you aware of cases where the patients sought unplanned medical treatment abroad under the terms of Directive 2011/24/EU and if yes, how many such cases did you register?

3. Number of insured persons

- Please provide the number of insured persons per 31 December 2016. If the number of insured persons is lower than the number of EHICs in circulation please explain why.

4. Period of validity of the EHIC

- Did you modify the validity period of the EHIC in 2016 or do you have any intention to modify the validity period in 2017? If so, why?
- What is the validity period of the EHIC issued by your institutions? Please only specify changes compared to your reply concerning 2015.
- Is the validity period of the EHIC identical for all categories of insured persons? If not, for which reason and for which categories of insured persons is the validity period different? Please only specify changes compared to your reply concerning 2015.

5. Issuing and withdrawal procedures

5.1. Issuing of the EHIC

- Did you change the issuing process of the EHIC in 2016? If so, why?
- How (telephone, fax, internet, or other means) can the EHIC be requested? Please only specify changes compared to your reply concerning 2015.
- Does an insured person have to provide any specific information/documentation in order to obtain an EHIC? If so, what type of

information/documentation? Please only specify changes compared to your reply concerning 2015.

- How long did it take, on average, for an EHIC to be issued in 2015? Was there some improvement in relation to 2015?

5.2.Issuing of Provisional Replacement Certificates (PRC)

- Did you change the issuing process of the PRC in 2016? If so, why?
- How (telephone, fax, internet, or other means) can the PRC be requested? Please only specify changes compared to your reply concerning 2014.
- How (fax, e-mail or other means) is the PRC issued to insured persons currently on a temporary stay abroad? Please only specify changes compared to your reply concerning 2015.
- In which situations is the PRC issued to insured persons before going abroad? Please only specify changes compared to your reply concerning 2015.

5.3.Withdrawal procedure of the EHIC

- Did you introduce special procedures in 2016 to withdraw the EHIC when the cardholder of the EHIC is no longer insured under your legislation? If so, what are they?

6. Awareness-raising

6.1.Information for the insured persons

- Were any public information campaigns ongoing or newly introduced during 2016 concerning the EHIC or generally patients' mobility, also referring to the rights under Directive 2011/24/EU? If so, please describe them.

6.2.Information for the healthcare provider

- Do you have any ongoing or newly introduced initiatives in 2016 to improve healthcare providers' knowledge of the EHIC or the rights of cross-border patients under the terms of Directive 2011/24/EU? If so, please describe them.

7. Use of the EHIC

7.1.Reimbursement of benefits in kind between institutions

- How many E 125 forms were issued following the use of the EHIC in your country between 1 January and 31 December 2016? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms issued.
- If you started issuing SED S080 can you estimate the number of individual invoices you issued following the use of the EHIC in your country between 1 January and 31 December 2016? If so, how many individual invoices were issued? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms issued.
- How many E 125 forms did you receive following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2016? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms received.

- If you started receiving SED S080 can you estimate the number of individual invoices you received following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2016? If so, how many individual invoices were received? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms received.
- What percentage does the use of the EHIC abroad represent in respect of the total health expenditure of your country, comprising of both national and cross-border expenditure?

7.2.Reimbursement of benefits in kind according to Article 25 B) (5) of Regulation (EC) No 987/2009

- Are you aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and chose to seek reimbursement under the terms of the Directive after returning home instead of following the Art 25 B) (5) procedure? Can you quantify and explain such cases in detail?
- Are you aware of cases where the persons needed to pay upfront for unplanned treatment abroad, and where reimbursement to the insured person is provided on the basis of other internal provisions or national legislation instead of following the Art 25 B) (5) procedure? Can you quantify and explain in detail such cases and the national legislation or procedures applicable.
- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you send during 2016? Please also indicate, if available, the amount (in €) covered by the E 126 forms issued.
- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you receive during 2016? Please also indicate, if available, the amount (in €) to be reimbursed.
- How are the reimbursement rates applied by your institutions determined when replying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2015.
- Do you have a centralised organisation for applying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? If not, how are your institutions organised for this purpose? Please only specify changes compared to your reply concerning year 2015.
- What type of information (receipts, prescriptions, vignettes etc.) do you need to be able to reply to a request (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2015.

Part II

Practical and legal difficulties in using the European Health Insurance Card (EHIC)

1. Inappropriate use (abusive or fraudulent) of the EHIC

- Are you aware of cases of fraud or error with regard to EHIC? If so, can you describe and quantify such cases detected in the period 1 January to 31 December 2016? In order to interpret this information, it is necessary to know how many audits or investigations there have been in total. Where full information is not available a partial response is still valuable.
- Are you aware of intermediaries (websites or other) charging for advice on application for the EHIC? If so, did you take any action to discourage such activity?

2. Awareness of the healthcare providers

- Are you aware of cases of refusals to accept EHICs by healthcare providers established in your country? If so, what are the reasons given by healthcare providers to refuse the EHIC? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?
- Are you informed about cases of refusals to accept EHICs by healthcare providers established in another country? If so, do you have information on the reasons for these refusals? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?

3. Alignment of rights

- Are you aware of the difficulties relating to the interpretation of the "necessary healthcare" concept? If so, could you describe the difficulties encountered?

4. Invoice rejection

- Are you aware of any rejection of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by your institutions? If so, could you quantify the number and indicate the reasons for rejection?
- Are you aware of any rejection by your institutions of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by institutions in other countries? If so, could you quantify the number and indicate the reasons for rejection?

5. Other possible difficulties in using the EHIC

- Were you aware of other problems/incidents related to the use of the EHIC in your territory or in the territory of another state? If so, which?

6. Enquiry and complaint management

- Do you know the number of enquiries/complaints you receive concerning EHIC? If so, how many enquiries/complaints did you receive during 2016?
- How can citizens submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2015.
- How can healthcare providers submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2015.

ANNEX II ADDITIONAL TABLES

Table A1 Information for the insured persons and healthcare providers, 2016

MS	Information for insured persons	Information for the healthcare providers
BE		
BG	Only periodical information campaigns enhanced by different public media.	
CZ	No	No
DK	No public information campaigns during 2016. However, in June 2016 (before the summer holidays) specific information was published on the website of the Danish Patient Safety Authority (the Danish liaison body) about awareness on the EHIC and some advices before going abroad.	No initiatives in 2016.
DE	Insured persons continued to be informed about the EHIC through press releases, members' magazines, travel information mailshots, personal interviews, online information, leaflets, posters displayed in workplaces, and notes sent out with the EHIC or PRC. In doing so, the health insurance funds usually informed their own members only. The DVKA informs the German health insurance funds regularly by means of both publications (circulars, guidelines, etc.) and seminars on procedures concerning the EHIC. The GKV-Spitzenverband - DVKA website provides insured persons with a series of factsheets on 'Urlaub in...' (holidays in...) on its 'Touristen' page. The factsheets include information on how to obtain health care in the Member State concerned using the EHIC. The national contact point did not run a public information campaign regarding entitlements under Directive 2011/24/EU.	Health care providers are, in principle, informed by their respective national associations. However, the DVKA is in touch with its contacts in the health care providers' associations and supplies them with all the relevant information. It has worked together with the various health care providers' associations to produce information leaflets on medical treatment for patients who are insured abroad. These leaflets are updated regularly and contain extensive information on the procedure for presenting the EHIC or the PRC. Health care providers can call up this information at www.dvka.de (click on "Leistungserbringer"). Health care providers also receive information from various German health insurance funds on dealing with the EHIC.
EE	There were no campaigns but, as usual, Estonia did inform the insured persons via newspaper articles.	There were no campaigns.
IE	No change.	Additional guidance to healthcare providers on what is required to claim reimbursement from other state.
EL	1) Creation of an electronic thematic unit on EOPYY'S website in Greek and English language; 2) Ministry of Health issued a circular for the European Day of Patients' Rights on the institutional framework concerning the rights of patients and the competent institutions ensuring the protection of these rights; 3) New updated information guidelines were posted on the website of Hellenic Navy; 4) A new magazine named «INTRANET» and a new link «Cross-border Healthcare» (Mutual Health Fund of National Bank of Greece Personnel).	1) A circular to all Health providers was issued by EOPYY for the right use of EHIC and especially for patients who need long term therapy; 2) New updated information guidelines were posted on the website of various universities and other institutions; 3) The Health providers have also received information and instructions about the Directive 2011/24/EU through EOPYY'S website.
ES	The information continues to be disseminated and updated via the webpage of the Social Security Department and that of the Armed Forces Social Institute (ISFAS), in brochures prepared by the National Social Security Institute (INSS) and information sheets issued by Spanish Social Security, and in job centres and in ISFAS offices.	It is the responsibility of the Ministry of Health.
FR		
HR	On the public website of the Croatian Health Insurance Fund there is detailed information about usage, issue and entitlements on the basis of EHIC.	Ongoing initiative to improve healthcare provider's knowledge of the EHIC. It includes notifications and instructions sent to them by post before the start of each tourist season.
IT		
CY		
LV		
LT	The information about the EHIC is published on the web pages of the National Health Insurance Fund (NHIF) and National Contact Point for Cross-border healthcare. This information is updated on a regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods.	The common meetings of the NHIF or THIFs representatives and healthcare providers in order to share the information and knowledge about the EHIC and the rights of cross-border patients under the terms of Directive 2011/24/EU.
LU		
HU		
MT	EHIC public information campaigns, talks at local councils also	Training Sessions were provided with the aim to provide

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	participation in both radio and television programmes continued throughout 2016.	information regarding the proper use of EHIC. Online and telephone continuous support was also provided.
NL	There were no national public campaigns. The health insurance companies did not introduce new campaigns. In most cases information is given when an EHIC is issued. Information can also be found on websites.	No specific initiatives. The institution of temporary stay contacts healthcare providers when an insured person informs the institution about the provider not accepting the EHIC.
AT	1) Information leaflets, e.g. on 'Healthcare provision and service' and 'Services from A to Z'; 2) Information campaigns in the printed media; 3) Information campaigns in radio broadcasts; 4) Information on the homepages of social insurance institutions.	No. When new contractual partners receive introductory training, they are informed about the use of the EHIC. Some institutions provide additional information in the form of circulars describing recent developments.
PL	In 2015 NFZ organised an art competition for children titled "Healthy family travels with EHIC". The information concerning the EHIC is a constant element of the information activities of the NFZ. The information appears periodically in the media, in the form of articles, broadcasts, commercials. The activity is focused on periods before holidays. At this time some regional branches of the NFZ extend working hours if necessary. Additionally, employees of the regional branches of the NFZ are involved in events on healthcare /insurance /social themes, during which they present information on cross border healthcare. The knowledge is also transmitted via the website and in direct or telephone contacts with the insured persons. All people employed in competent divisions of the National Health Fund provide comprehensive information both on the health benefits in kind under the provisions of coordination of social security systems, and treatment under the provisions of the cross-border directive.	The information on services provided on the basis of EHIC and other entitlement documents, as well as accounting rules for the benefits provided to EU patients is permanently accessible for healthcare providers on the website of the Polish liaison body. Similar information is accessible on the websites of the regional branches of the NFZ. The information dedicated to healthcare providers is accessible also on the website of the National Contact Point for Cross-border Healthcare. If there are any questions or concerns, both employees of regional branches and the central office of the NFZ provide clarification for healthcare providers on an ongoing basis.
PT	No, but the information can be found on several websites.	The information for the healthcare providers was disclosed in 2015.
RO	No, information for the insured persons was made through the competent institutions and by posting the information on the website of NHIH/Romanian health insurance houses.	No, information for the healthcare providers was made through the competent institutions and by posting the information on the website of NHIH/Romanian health insurance houses.
SI	In 2016, as in previous years, the ZZS kept the media informed of any changes to the EHIC legislation, by means of press conferences or communiqués. Every time a change is made, the information available on the ZZS's website, the ZZS's telephone answering service and the teletext of RTV Slovenija (Slovenian radio and television) is updated accordingly. In particular, before the start of each winter and summer tourist season, the ZZS informs insured persons of innovations and about how to receive health services abroad. On the basis of Directive 2011/24/EU and the Healthcare and Health Insurance Act (ZZVZZ) a national contact point (NCP) for cross-border healthcare was set up in November 2013, which provides insured persons with information on the right to treatment abroad, the extent to which costs are reimbursed, etc. The tasks of the NCP are performed by the ZZS. The NCP provides information on its website, by email and telephone and in person. In order to provide insured persons with better and easier access to information the NCP enhances the website and keeps the content up to date. In order to inform insured persons of their rights to scheduled treatment abroad, a leaflet entitled 'The right to scheduled treatment abroad' has been published.	The ZZS regularly informs health-care providers of any changes and innovations relating to the use of the EHIC and cross-border healthcare through the media, and in particular through regular official contacts and by circulars and instructions. Health-care providers can also find all the information on the websites of the ZZS and the NCP.
SK	No.	No.
FI	The use of the EHIC was traditionally promoted by Kela at the annual travel fair in Helsinki in January 2016. During the three day period of the fair 1514 new EHICs were ordered.	No campaigns were ongoing or introduced in 2016.
SE	When entering the start page of our website (www.forsakringskassan.se) the customer directly can see a link to the service where you can request an EHIC. On the eve of winter, summer and autumn vacation periods, Försäkringskassan publishes a press release in order to raise awareness about EHIC. The press release is widely referred to in national media. No similar measures were undertaken regarding the rights under Directive 2011/24/EU.	No new initiatives.

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UK	The NHS Business Services Authority (BSA) continues to work with the Government Digital Service (GDS) on a cross-departmental working group addressing online phishing and scamming activities. Through this group, contact has previously been made with a search engine provider to take down any adverts for copycat sites that are charging for services relating to EHIC which breach their terms and conditions. The NHSBSA also work with the media and consumer groups to help ensure public information is accurate when relating to EHIC.	The Department of Health's Visitor and Migrant NHS Cost Recovery Programme continues to promote understanding of the EHIC in its work with the NHS and the public, including educating and incentivising NHS hospitals to collect EHIC information from patients and to submit it so that the UK can make appropriate reimbursement claims. Information on the Programme can be found here: https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme . In April 2016 we issued a leaflet to every GP practice in England providing information on the scope and use of the EHIC, Provisional Replacement Certificate, S1 and S2 forms, to make primary care staff aware of their importance and to provide guidance on what they should do when they are presented with these documents.
IS	No, not in 2016 but a campaign will take place before summer 2017.	No, not in 2016 but an introduction has taken place for the doctors, big conference, and another one will take place before summer 2017.
LI		
NO	EHIC campaigns on the Facebook page, in GP offices and National and local press releases in connection with holiday periods.	
CH	No public information campaigns (Switzerland does not apply Directive 2011/24/EU).	Information for the healthcare providers about use and validity of EHIC. Information sheet on website of Gemeinsame Einrichtung KVG (liaison body). Switzerland does not apply Directive 2011/24/EU.

Source Administrative data EHIC Questionnaire 2017

Table A2 Reported inappropriate use of the EHIC and other cases of fraud, 2016

MS	Inappropriate use		Intermediaries charging for advice	
	Yes/No	Quantify	Yes/No	Quantify
BE				
BG			No	
CZ	Yes	A few hundreds	No	
DK	No		No	
DE	Yes	Some health insurance funds are aware of individual cases, but they are unable to provide exact figures. The DVKA is not aware of any intermediaries charging for advice on the application of the EHIC.		
EE	Yes	FRAUD: Inappropriate use of a valid EHIC by a person who was no longer insured under our scheme. <i>Cases:</i> 98. <i>Amount:</i> € 32,013. ERROR: Claim has been sent to us for an unknown person. <i>Cases:</i> 78. <i>Amount:</i> 21,688. When a person has not presented their valid EHIC on the day the health service was provided and the healthcare provider has accepted their EHIC retrospectively instead of asking for the PRC of EHIC. <i>Cases:</i> 17. <i>Amount:</i> € 121,596. <i>Total cases:</i> 193. <i>Total amount:</i> 175,298.	No	
IE			No	
EL			No	
ES	Yes	Cases are still being detected of persons affiliated with the Spanish social security system who, after obtaining an EHIC, left the system. However, on the strength of the EHIC issued to them, which is valid for two years, these persons receive benefits in kind in other Member States. This is all despite the fact that the information sheet which the Institute supplies with the EHIC makes it clear that the card may be used only if the holder continues to meet the conditions on which it was issued. Cases are also still being detected of persons whose affiliation with the Spanish social security system was fraudulent and who made use of the EHIC card issued to them on the basis of that fraudulent affiliation.	No	
FR				
HR				
IT				
CY	No	Not aware of cases of fraud/error.	No	
LV				
LT	Yes	FRAUD: Lithuanian liaison body (the National Health insurance Fund (NHIF)) has faced with cases of inappropriate use of the valid EHIC by people who were no longer insured under compulsory health insurance scheme in Lithuania but presented their valid EHICs to the healthcare provider. During the year 2016, the NHIF has got 284 invoices for the healthcare provided to these people. <i>Cases:</i> 284. <i>Amount:</i> € 134,209	No	
LU				
HU				
MT	No	Each claim received above a specific threshold is scrutinised by the Financial Controller and Director and when required further verification is requested from the Creditor Member State.	No	
NL	Yes	ERROR: more than 100 cases with an amount involved of € 85,757 (at least: this is from one health insurance company).		
AT	Yes	In 791 cases (accounting for a total sum of € 189 867.60) an EHIC was presented in another Member State even though the holder no longer had valid insurance cover. Austria is unable to tell whether the card was used unwittingly or with intent to deceive.	No	
PL	Yes	FRAUD: 1) use of a fake card = over a dozen; 2) who were not insured in National Health Fund (e.g. former family members) and still have the EHIC issued before the entitlement lost = several dozen; 3) use of EHIC to settle the cost of medical benefits provided prior to the validity period of the card = several dozen. ERROR: 1) use of EHIC by posted workers which was previously issued with regard to posting to work in another MS and should be canceled even in the cases of shortening the period of posting. In such cases EHIC should be returned to National health Fund. If person is still entitled and wants to go to another country for not-	No	

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MS	Inappropriate use		Intermediaries charging for advice	
	Yes/No	Quantify	Yes/No	Quantify
		work relater stay he should apply for a new EHIC = several dozen. <i>Total cases: several hundred.</i>		
PT	Yes	ERROR: Use of the EHIC by the insured persons in PT as the state of residence, when there is S1 portable document provided by competent MS. This is due to the fact that our National Health Service (NHS) is based on residence and the registration system is not yet prepared to identify residents with E121 issued by another Member State. National legislation allows equal rights for all resident citizens. The EHICs are accepted by the healthcare providers and the corresponding credits (forms SED S080) are presented to the MS and later rejected by the MS. <i>Number and amount</i> are not quantified.	No	
RO	Yes	FRAUD: fraud of the PRC by modifying the validity period of the document. We have informed the liaison body of the Member State that provided the medical services and we requested additional information = 1 case/ €89,89. ERROR: There were 2 EHICs issued for the same PIN for 2 different persons = 1 case/€2.644,59. PRC used instead of E 112 form = 313 cases/ €210,190. <i>Total: 315 cases/ € 212,924.</i>	No	
SI		The ZZS has no such figures for 2016. The ZZS systematically records, documents and deals with any cases of fraud or error that are detected, using appropriate application software.		
SK	Yes	Yes. Such cases are occurred and the SK competent institutions become aware of them once at claim reimbursement when the invoice for benefits in kind is submitted. Most of them are cases of usage of the EHIC after the insurance was terminated and the EHIC was not returned back to the issuing institutions . However we also registered cases when the EHIC was used for coverage of healthcare before its issuance and after its return to the issuing institution. coverage. No precise data are available.	No	
FI	No		No	
SE	No		No	
UK	Yes	The EHIC route is a very open system based largely on trust and solidarity between member states. As such, it is highly vulnerable to abuse and error. We are aware of various instances of EHICs being used by individuals who have either never been resident in the UK (and who are not insured by the UK through other means), or by individuals who were no longer entitled to apply for or use a UK EHIC. We have completed a major piece of work examining and identifying any areas for improvement on all our administrative systems relating to EEA healthcare payments including EHIC, with specific emphasis on Fraud & Error. We are now reviewing the potential opportunities identified by this work and examining steps to take to improve the system further through a more radical redesign of our EEA systems.	Yes	1) There are a number of copycat websites. 2) In December 2015, an e-mail registration portal was added to the on-line application process for EHICs which means applicants resident in the UK must provide an e-mail address and log in to access the application. This provides for further validation of the applicant and allows the NHSBSA to gather further insight into the practices of the fee paying/copycat websites, like their IP address (which enables us to monitor their activity and block them). This insight will be used in future to identify ways of improving the service. 3) The NHS Business Service Authority is currently helping the National Trading Standards Board (NTSB) with the criminal prosecution of some websites purporting to provide government services, including EHIC.
IS	Yes	The IHI has become aware of what seems to be either fraud or error in the use of the EHIC but due to technical problems it was not possible to analyze patterns of behaviour or types of inappropriate use. The IHI has in the year 2016 developed a technical solution to be able to monitor this and that solution was taken into use from January 1st 2017.	No	
LI	No		No	
NO	Yes	ERROR: 1) cases of Norwegian EHICs being used even though the holder is no longer insured in Norway. This generates reimbursement claims we are obliged to pay. NO has not made any audits/investigations and do not know if they are cases of misuse owing to lack of knowledge about the criteria for using the		

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MS	Inappropriate use		Intermediaries charging for advice	
	Yes/No	Quantify	Yes/No	Quantify
		<p>EHIC or if they are cases of fraud in which the holder knowingly uses the EHIC to obtain rights he/she is not entitled to = unknown number. We do not register each case of misuse. 2) We often see cases where EHICs are presented to healthcare providers in Norway after the benefits in kind have been provided, and where the EHIC has been issued also after the benefits in kind were provided. As such, many times our reimbursement claims against other countries stemming from these cases are rejected because the individual in question was not insured when he/she received the benefits in kind. We get such contestations on a frequent basis. To prevent this we have informed the healthcare providers to only accept PRCs if no EHIC is presented during the stay, but as there is no starting date on the EHIC we are, in general terms, unable to know if they comply. <i>Number:</i> Approx. 15 of cases where the EHIC was issued after the benefits in kind were provided. About 10 of the related E125 forms had to be cancelled.</p>		
CH	Yes	Total cases: In a minor number of cases which cannot be specified.		

Source Administrative data EHIC Questionnaire 2017

Table A3 Refusal of the EHIC by healthcare providers, 2016

MS	Refusal in your country		Refusal in another country	
	Yes/No	Explanation	Yes/No	Explanation
BE				
BG	Yes	Necessity of filling a lot of paper documents due to the impossibility to electronically report the patient.	Yes	Already reported earlier. When informed on such a problem we issue PRC of EHIC (if applicable) and try to convince the service provider to accept it following the rules of the coordination Regulations or suggest the patient to search for a solution through SOLVIT.
CZ	Yes	The reasons are usually low knowledge of procedures, preference of cash payment, administrative burden, etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of medical necessity of healthcare is problematic for some healthcare providers. KZP tries to solve such cases individually.	Yes	We have no information why EHICs are not accepted; however we presume the reasons are usually the same as in our country. We usually try to solve the situation directly with the healthcare provider or a foreign liaison body.
DK	Yes	Only a few cases. The reasons for not accepting the EHIC was incorrect interpretation of “necessary healthcare”, e.g. hospital refusing planned (but necessary) control MRI scan during a temporary stay in Denmark or a GP refusing pregnancy examinations. The regions – responsible for the healthcare providers – and the Danish liaison body inform the healthcare providers on the correct procedure and explaining the rules, if we are aware of cases of incorrect refusals to accept EHICs.	Yes	Some patients have informed that the hospital/doctor refused to accept the EHIC, arguing that the clinic would not otherwise get payment for the treatment. Other patients tell that the healthcare provider convinces the patient that the easiest procedure is to pay upfront and seek reimbursement when the patient returns to his/her home country. The Danish liaison body was asked for assistance in a few cases where Danish insured persons wrongfully are asked to either pay or to present an S2/E112 when staying temporarily in another country and needing healthcare during the stay. The persons concerned are typically requiring treatment for a chronic disease or they are pregnant women who are planning to stay for a longer period in another country in order to be together with their family/or to spend a part of their maternity leave abroad and during this time need to give birth. Referring to the AC Decision No S3 the Danish liaison body contacts the national liaison bodies in the concerned country of stay and the treatment places, arguing the patients’ rights according to the Regulation and the interpretation set out in the AC Decision. Through the dialogue every case has eventually been solved in a satisfied way for the involved parties – and the S2-form is not needed.
DE		It is well known that the EHIC is still not accepted by all healthcare providers in Germany and other countries. As an example of reluctance to accept the EHIC abroad, infringement proceedings were initiated against Spain in 2013. Factors which could be relevant to German health care providers include a lack of awareness of the procedure or the perception that it is too time-consuming. Although the EHIC is similar in appearance to the German health insurance card, it cannot be read electronically. Instead, the data on the EHIC must be entered manually and passed on to the health insurance fund of the patient’s choice. In the cases that were known, the health care providers were given specific information and advice by telephone or in writing (this included, for example, pointing them to relevant publications and literature and sending them information). The questions which the DVKA receives on this issue show that both health care providers and German health insurance funds often consider the design of foreign EHICs to be a problem. Any differences in the appearance of the foreign EHIC from the model set out in Decision S2 generally lead to uncertainty and problems of acceptance. For example, the EHICs issued in Switzerland and Slovakia have unusual features. Persons insured with Swiss health insurance institutions receive a card which does not have a European emblem (circle of 12 stars). Slovak health insurance institutions issue EHICs which display an expiry date of 31.12.9999 or 31.12.2999. EHICs issued in the Netherlands may contain a barcode in box 7. There are also various cards in circulation throughout the EU which look very similar to the EHIC but do not entitle the holder to medical treatment under the EC Regulations. These include, for example, EHICs from Italy and Austria which have a valid entry only in box 8 (identification number of the card). Both valid EHICs and invalid cards create uncertainty among health care providers and in general do not improve acceptance of the EHIC.		
EE	Yes	There have not been many problems that occurred and we have resolved them all case by case. In case the doctor has doubts, they turn to us and we explain the situation and rules. In relation to the transposition of the Directive 2011/24/EU on patients' rights in cross-border healthcare we prepared a questionnaire to the hospitals which should be fulfilled by foreign patients to clarify which rules apply to the patient who has turned to them.	Yes	In several cases healthcare providers abroad have refused to accept EHICs from students, claiming that EHIC only gives entitlement to emergency care. We have contacted those healthcare providers and tried to find solution. There are also people turning to us in relation to cases where they did present their valid EHIC and the healthcare provider accepted it but later they still received an invoice for the medical costs (not only for patient’s own contribution). We have solved this problem by sending the form E126 to another

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MS	Refusal in your country		Refusal in another country	
	Yes/No	Explanation	Yes/No	Explanation
				country for the reimbursement rates.
IE	No		No	
EL	No		Yes	There are many cases for Greek EHIC holders, that in necessary healthcare (e.g. allergic reaction, flu etc), visited public hospitals and affiliated private doctors in another member state, and although they showed their EHIC, they were forced to pay in total. They were misinformed by the foreign healthcare providers that they would receive their money back from the Greek social security institution. Similar situation, has been noted for Greek EHIC holders, who were hospitalized in public or affiliated hospitals and did not pay for the services and who in short time received by official mail the invoice with the total cost of their hospitalization to be paid in total. At the same time, has been also noted that in short time (e.g. two months), Greek cardholders were charged with default interest.
ES	Yes	In very exceptional situations there have been cases of unfair refusals of the EHIC, mainly in hospitals operating under an agreement with the public health service. When we became aware of this, the INSS and the ISM intervened to rectify the situation in accordance with Community Regulations.	Yes	Spain receives a fair number of complaints from insured persons that health and care providers in other countries have refused to accept the Provisional Replacement Certificate (PRC) because they do not consider it to have the same validity or effectiveness to establish the right to benefits in kind as the EHIC. The number of complaints concerning refusal to accept the EHIC to cover surgical operations that are necessary on medical grounds has remained the same; insured persons have been required to produce S2 or E 112 forms by the health provider of the other country. The E-112-ES form is also requested to cover necessary rehabilitation treatment following a clinical intervention carried out in another country following which the patient could not be discharged because he was not fit to travel and continue the treatment in Spain, the country where he was insured. This situation occurs fairly frequently in Germany. Quite often, the EHIC is refused and our insured persons are informed that they must directly ask the competent institution in Spain to refund their costs, instead of applying the internal procedure for the refunding of expenses provided for under the national legislation of the other Member State. Such incidents often occur in France.
FR				
HR	Yes	There were some cases during the tourist season in 2016. We then conduct investigation of such cases. Usually, healthcare providers declare that insured persons were not in possession of EHIC when they asked for medical assistance, or, they deemed the medical assistance to be outside of the scope of necessary healthcare. These refusals are not frequent but more an exception to the rule.	Yes	We are aware of such cases, app. 50 per year. Reasons for refusal are usually that healthcare providers prefer invoices to be paid immediately, and not through usual means in certain countries (through health insurances in country of stay). In such cases, we inform health insurance in country of stay.
IT				
CY	No		Yes	We are aware of a few cases of refusals to accept EHICs by healthcare providers established in another country. The frequency of such refusals cannot be quantified. No actions taken.
LV				
LT	No		No	
LU	Yes	There are some justified refusals of the EHIC in case of planned treatment. No precise numbers are available.		
HU				
MT	Yes	There were two cases both Maltese Nationals who were seeking Healthcare through EHIC in Germany. Clarifications were sought through the relevant Competent Institution and the issue was settled bilaterally.	No	No, were are not aware of such cases.
NL	Yes	this may occur in practice. The exact reasons are not	Yes	Cases have been reported. It can be a private clinic or

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MS	Refusal in your country		Refusal in another country	
	Yes/No	Explanation	Yes/No	Explanation
		known. The number is not registered.		concern planned healthcare. Sometimes healthcare providers want to get paid upfront.
AT	Yes	Yes, there were a few isolated cases. Charging a private patient's fee is a more attractive proposition than the 'complicated' matter of subsequently obtaining the fee via the insurance fund. If a person affected gets in touch with their insurance fund, the matter can often be dealt with on the telephone.	Yes	Again and again insured persons report problems because the EHIC is not accepted. One of the reasons for this is that there is little administrative effort required when insured persons receive treatment as private patients. Sometimes an attempt is made to read the card electronically and/or the procedure for using the card is not known.
PL	Yes	There were occasional telephones relating to the acceptance of EHIC bother from healthcare providers and from patients. All doubts have been explained during a conversation with people employed in the National Health Fund. It basically refers to the situations when patients intended to receive scheduled treatment on the basis of EHIC. In case of any doubts concerning documents showed by patients, healthcare providers explain the situation with the employees responsible for conducting the settlements under the rules of coordination in National Health Fund (through the telephone conversation or by sending copies of EHIC). those problems appears mostly when the healthcare provider has never meet the EU patient before. those situations appears occasionally. Since Poland's accession to the EU structures on May 1, 2004, after 12 years of membership and increasing annual participation of EU patients receiving medical care in our country, knowledge of healthcare providers of entitlement documents in the Republic of Poland is extensive. On the website of the Polish liaison body and regional branches there are special information for the providers which are kept up to date.	Yes	Polish recipients frequently report cases when healthcare providers from other EU/EFTA Member States do not observe the entitlements resulting from the EHIC. This applies mainly to German healthcare providers, as well as growing number of Dutch healthcare providers, which inform patients that first they have to pay the cost of treatment, and then apply for reimbursement from the Polish insurer. German healthcare providers frequently refuse to provide services on the basis of the valid EHIC presented by a patient. In most cases, patients do not know the reasons for refusal of the EHIC, as the provider often writes down the card data and then, after returning to the country the patient gets the bill. Instead of settling the costs of provided services with their the competent institution under provisions of coordination, German healthcare providers do not recognize entitlements resulting from EHIC, treating Polish patients as uninsured persons and charging commercial rates for services. Patients are also frequently charged for medical transport despite the fact that the they presented the entitlement document. The main reason for refusing to accept EHIC presented to patients include the fact that healthcare providers claim they are unable to read the EHIC data by a reading device (the lack of a chip on the EHIC), indicate that the service was not necessary healthcare, show concern that they will not recover the costs of services provided on the basis of the EHIC and pointing out that the EHIC was issued in a national language of the patient, other than the language of the healthcare provider.
PT	No		No	
RO	Yes	REPORTED REASONS: lack of information on the EHIC, no knowledge of the services that can be provided on the basis of these documents, the requested medical services were not included in the category of "medical services that became necessary". MEASURES TAKEN: Competent institutions have warned healthcare, medicines and medical devices providers which are operating in the social health insurance system that they have to easily recognize and accept the European Health Insurance Card in accordance with the unique model and uniform specifications across all EU / EEA / Switzerland Member States, regulated under Decision no. S1 of 12 June 2009 concerning European Health Insurance Card and Decision no. S2 of 12 June 2009 concerning the technical specifications of the European Health Insurance Card. The information on the EHIC/PRC format as well as the services that have become necessary are regulated by national legislation and are also available on the sites of the Romanian competent institutions and the NHIH. When they were requested/noticed, the Romanian competent institutions informed the healthcare providers about the standard format of EHIC/PRC and the necessary services that are covered by these opening of rights documents.	Yes	we are. There were insured persons who reported that they have submitted the EHIC/PRC to EU healthcare providers but they were guided to pay, and they would recover the amounts spent from the CAS (competent institutions) where they are insured. REPORTED REASONS: the services do not have the nature of the services that have become necessary, the non-payment of the services by the Romanian competent institutions, the healthcare providers from other states advise them to pay the medical services and to recover them from the Romanian institutions. MEASURES TAKEN: to inform the Romanian insured persons about the rights and services covered by the EHIC/PRC, to make sustained efforts to pay the debts to the Member States, to issue the E 126 forms for the reimbursement of the services paid by the Romanian insured persons. Discussions in bilateral meetings between liaison bodies on granting the necessary services based on EHIC/PRC.

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MS	Refusal in your country		Refusal in another country	
	Yes/No	Explanation	Yes/No	Explanation
SI		To date, the ZZS has not been informed of any such cases by foreign insured persons or foreign insurance institutions.		In 2016 the ZZS was informed by Slovenian insured persons of several cases of healthcare providers in other countries refusing to accept EHICs, which it resolved with the competent foreign insurance institutions.
SK	Yes	Yes, however only in rare individual cases, mainly due to doubts of the healthcare providers concerning the reimbursement via coordination mechanism. Significant share concerns the healthcare during pregnancy and maternity.	Yes	Yes, the insured persons informed on such issue their SK competent institutions on voluntary basis. The doubts of the healthcare providers concerning the reimbursement via coordination mechanism and administrative burden of national reimbursement procedures belong to the main reason of EHIC non-acceptance.
FI	Yes	in some rare individual cases. It has not been clear whether the medical care/treatment has fallen under the concept of medically necessary healthcare during a temporary stay in Finland. If needed Kela can be in touch with the public healthcare and inform them about a person's rights to healthcare with the EHIC.	Yes	Finland has been informed of occasional cases in Belgium, Czech Republic, Germany and Hungary where the healthcare provider has refused to give treatment in connection to the monitoring of pregnancy with the EHIC even if such treatment should be considered as medically necessary. In some cases Germany considers a person staying permanently there and therefore does not accept the EHIC even if Finland considers the person staying temporarily in Germany and therefore considers that the person should get medically necessary care with the EHIC during the temporary stay. There are also occasional cases where another member state asks Finland for a S2 even if the person in question should get medically necessary treatment with the EHIC.
SE	No		Yes	Yes, but we cannot provide any statistic. We have a few cases where our insured persons have not received necessary healthcare upon their EHIC. In most of the cases the healthcare provider claimed that the treatment was not necessary. In some cases Swedish EHICs were refused in Germany with the motivation that the cards did not have chips. In Spain some healthcare providers have tried to convince the patients to use their private travel insurance instead of EHIC.
UK	No		No	
IS				
LI	No		No	
NO	No	Not aware of such cases.	No	Not aware of such cases.
CH	Yes	Private healthcare providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment. The EHIC only guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.	Yes	some healthcare providers in other countries do not accept the EHIC and ask the patient for payment because the national health insurance system does not reimburse the costs for mutual benefits assistance or healthcare provider. No quantification possible. We are not authorised to take action to remedy the situation.

Source Administrative data EHIC Questionnaire 2017

Table A4 Difficulties relating to the interpretation of the 'necessary healthcare' concept, 2016

MS	Yes/No	Explanation
BE		
BG	Yes	Several times we received requests for the issue of S2 for patients who have already received urgent or medically necessary care.
CZ	Yes	Some healthcare providers do not take into account the expected length of stay during the necessary healthcare. More expensive, highly specialized treatment or long term care is not seen as necessary healthcare quite often by some providers.
DK	Yes	In some cases both the healthcare providers and patients are not aware of the rights, mostly because of the assumption that only acute treatment is covered by the EHIC. In order to determine if the treatment is "necessary" during the stay the patient's information to the healthcare providers is important and need to be clear , e.g. information about the planned length of the stay. The problems are often related to pregnant women or persons with chronic diseases.
DE	Yes	The vast majority of health insurance funds are unaware of any problems with the interpretation of the concept of "necessary health care". However, some health insurance funds have found that some health care providers have had problems in interpreting the concept. As no precise definition or guidelines exist on how to interpret the concept of "necessary health care", it is interpreted in different ways by different health care providers. In connection with the treatment of people with chronic conditions, there is still some uncertainty in certain cases as to whether the treatment of acute conditions is covered by the EHIC. This also applies to care provided during pregnancy and birth. There are also repeated cases of people travelling to Germany for treatment without clearing this first with their own health insurance provider and obtaining authorisation to do so. Difficulties of this kind with the interpretation of the concept also cause problems when invoicing the costs incurred. The DVKA considers that, as before, such problems can be solved only through cooperation in good faith with the institutions and/or liaison bodies in the other countries.
EE	Yes	Yes, for some healthcare providers it is difficult to understand the difference between necessary care and planned care and they tend to narrow the definition to emergency care.
IE	No	
EL		No changes.
ES	Yes	Health and care providers in other Member States often have difficulties relating to the interpretation of the 'necessary healthcare' concept when requesting an S2 or E 112 form for the cover of benefits in kind that are not classified as scheduled treatment, since the need for healthcare arose during a temporary stay in the country. The insured persons are also usually informed by different institutions, especially German ones, that an EHIC is not sufficient for healthcare cover during a temporary stay to pursue their studies and are required to provide an S2 form. In order to avoid difficulties, and in order for the persons concerned and in possession of an EHIC to be able to receive healthcare, the students' parents arrange for them to change their place of residence to the country where they are pursuing their studies so they can to receive an E-109-ES (S1). On occasion, the difficulties relating to the interpretation of the 'necessary healthcare' concept also occur in Spain. When services in kind are being requested related to chronic or pre-existing illnesses, Spanish institutions as well as those of other Member States have been observed to have had difficulties in the correct application of Decision S3.
FR		
HR	No	
IT		
CY	Yes	We are aware of some difficulties relating to the interpretation of the concept of «medically necessary healthcare». Reasons vary per case, no description available.
LV		
LT	No	
LU	No	
HU		
MT	No	No, were are not aware of such cases.
NL	Yes	What is "necessary" can give rise to different interpretations in practice. Health insurance companies are more inclined to interpret this as "urgent" care, while healthcare providers and people tend to "necessary" (but not urgent). When is care necessary? Particularly because the period of stay plays a role.
AT	Yes	In some cases there are still difficulties in determining the scope of the planned treatment.
PL	Yes	Like in previous years, we have been informed, both by patients and healthcare service providers, about the difficulties with interpretation of the "necessary medical care" concept. The difficulties were mainly related to the classification of the services provided to entitled persons as a planned treatment. Healthcare providers reported their concerns regarding the scope of services in situations when patients should be enrolled on the waiting lists, or when patients had referrals filed in by other doctors, which required providing treatment within a long time frame. Costs of treatment settled on the basis of an EHIC include necessary healthcare provided during a patient's stay in another Member State, therefore the patient can be admitted for a "planned treatment", not only for an urgent treatment, if the doctor decides that the services are necessary on medical grounds and cannot be postponed until the patient returns to competent Member State. Interpretation of the concept of "necessary healthcare" is particularly problematic in the so-called chronic diseases of the elderly, birth, puerperium and compulsory vaccinations of children staying a few months in our institution. We have also been informed about the examples of requesting for E112 / S2 form by German healthcare providers while moving patients from hospital unit in which the first aid was provided (for example connected with stroke) to the units on which further necessary treatment was provided (neurology, post-stroke rehabilitation).

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PT	No	
RO	Yes	we are. Romanian insured persons believe that they should receive medical care based on EHIC/PRC even if the emergency occurred in Romania and they went to receive medical treatment in another Member State, although at the time of issuing these documents they receive a document with information on the notion of service that is becoming necessary. There are suspicions (due to the frequency of medical services provided to Romanian insured persons) that some providers from other Member States provide more than necessary services. The use of PRC instead of PD S2. For these services, we requested the check of the nature of provided services.
SI		Slovenia is not aware of any particular difficulties with the interpretation of the concept of necessary healthcare by Slovenian providers.
SK	Yes	Yes, however rarely - mostly due to misunderstanding of necessary and immediate healthcare and also the non compliance with the Decision S3.
FI	Yes	As before, during 2016 the cases were often related to pregnancy or the treatment of a chronic disease during a temporary stay in another member state. It seems that in some member states the "necessary healthcare" concept is interpreted differently than in Finland. Many countries do not seem to pay attention to the duration of the stay when they are assessing whether the care should be considered medically necessary or not. See also cell 'refusal in another country' of the worksheet 'awareness healthcare providers'.
SE	Yes	The interpretation of the notion "necessary healthcare" varies among countries and healthcare providers.
UK	No	
IS	Yes	There are a lot of healthcare providers that consider all healthcare to be necessary and are not comfortable with distinguishing between healthcare that falls within the scope of the EHIC or outside of it.
LI	No	
NO		
CH	Yes	we have found out that in several countries the service provider requests the form S2 / E 112 although the treatment is necessary related to art. 19 Reg. 883/2004 (especially as concerns maternity benefits during a temporary stay).

Source Administrative data EHIC Questionnaire 2017

Table A5 Rejection of invoices, 2016

MS	by institutions in other countries		Rejections by your institutions	
BE				
BG	No		No	
CZ	Yes	NUMBER: approx. 500. REASON: Mostly because the EHIC was not valid at the time of treatment, the person was no longer insured (once the copy of the EHIC is provided the claim is paid), the person or institution cannot be identified.	Yes	NUMBER: approx. 500. Mostly because the EHIC was not valid at the time of treatment, the person was no longer insured (once the copy of the EHIC is provided the claim is paid), the person or institution cannot be identified.
DK	Yes	In 2016 other countries had 73 contestations (NUMBER) against Denmark. The REASON was: "Patient is unknown to the health insurance company." or "Identification of the person with personal identification number is missing."	Yes	In 2016 Denmark have rejected 84 invoices concerning EHIC (NUMBER). REASON for rejections was: "Unknown to the civil registration system in Denmark (CPR)".
DE	In 2016, approximately 12 000 foreign invoices for which the EHIC was given as proof of entitlement were disputed by German health insurance funds. Conversely, in the same year approximately 29 000 German claims based on EHICs were disputed by foreign institutions. This difference is to be attributed to the fact that foreign institutions often put forward formal grounds for objection, such as incomplete data on the EHIC. The DVKA has observed that foreign liaison bodies increasingly carry out automatic plausibility checks and object to formal errors upstream. In contrast, the DVKA does not carry out such automatic preliminary checks. Invoices are forwarded to the German health insurance funds with the recommendation not to object when details on the EHIC are incomplete if membership has been established. As a result, German health insurance funds generally do not object to formal errors. Clear progress was achieved in this respect last year with the largest partner, France. Usually, objections to foreign claims are made on the grounds that membership cannot be established. This can be for a variety of reasons. For example, the claim was first made to the wrong institution or the insured person's details (name/date of birth) were wrongly entered. The main reasons for rejections of German claims are wrongly entered details of the insured person (name/date of birth), unknown or missing personal identification numbers and missing EHIC expiry dates. In the electronic exchange of data, health care services provided on the basis of an EHIC or a PRC are counted as EHIC services. Some PRCs do not give the expiry date of the EHIC or the personal identification number. Although this information is not necessarily always required, the country responsible may reject the invoice. The DVKA notes with great concern the considerable increase (approx. one third) in the number of formal objections, particularly since it usually emerges in the course of the complaint procedure that the claims were justified. For example, it can be assumed that one country will, without exception, reject all the claims in a submission based on an EHIC. Experience has shown that the country in question will reject any claim for which a copy of the EHIC cannot be submitted. It is neither required nor necessary to attach proof of entitlement in each case. As already mentioned in previous years, retroactive use of the EHIC for care coverage often led to the contesting of invoices. These concerned cases in which people insured in other Member States were treated by health care providers during their temporary stay in Germany, but were unable to present an EHIC or PRC at the beginning of the treatment. In such cases, German health care providers are entitled to issue an invoice based on private treatment tariffs. If proof of entitlement is subsequently submitted within a certain period, the fees must be reimbursed to the patient and the services provided must be charged, under the procedure for retroactive care coverage, to the German health insurance funds chosen by the patient.			
EE	Yes	Institutions in other countries have rejected invoices by our institution in case the health service has been provided under the valid form E106, E109 or E121 and the invoices with the form E125 have been already sent to the debtor country and the termination of rights have been sent retrospectively. There have been less than 50 cases per year.	Yes	We have refused in cases when the claim has been sent to us for an unknown person or when a person has not presented their valid EHIC on the day the health service was provided and the healthcare provider has accepted their EHIC retrospectively instead of asking for the PRC of the EHIC.
IE	Yes	NUMBER: not available, but minimal.		Ireland not competent. NUMBER not available.
EL		Information not available.		No changes.
ES		Information not available.		Information not available.
FR	Yes	In 2016, 3 874 E 125 forms presented by France under an EHIC or equivalent were challenged by foreign liaison bodies.	Yes	In 2016, 6 438 E 125 forms presented under an EHIC or equivalent were challenged by the French liaison body.
HR	Yes	NUMBER: 906 cases of rejection. REASONS are: identification elements were missing or were unknown; the entitlement period has ended or the period when benefits in kind were provided was not covered by entitlement document.	Yes	NUMBER: There were 855 such cases, the REASONS were the same as listed in the cell to the left.
IT				
CY	Yes	NUMBER: 47. REASONS: 1) Charged the wrong country 2) Concerned E121 patients 3) EU Workers covered in Cyprus 4) Starting date of the EHIC.		Not available.
LV				
LT	No			
LU	No	No cases known.	No	No cases known.
HU				
MT	Yes	Only one case (Italy) – Their reason for rejection was that IT perceived the EHIC card as expired. To clarify further a copy of the valid EHIC card was sent.	No	No, were are not aware of such cases.
NL	Yes	We do not register number or reason.	Yes	We do not register number or reason.
AT	Yes	Yes, occasionally there are doubts about the medical need for treatment.	Yes	This sometimes happens. We do not have any figures.

MS	by institutions in other countries		Rejections by your institutions	
PL		NFZ does not collect such data. If any cases of rejection of invoices (forms E 125/SED S080) occur, they are clarified with a relevant liaison body on an ongoing basis.		NFZ does not collect such data. If any cases of rejection of invoices (forms E 125/SED S080) occur, they are clarified with a relevant liaison body on an ongoing basis.
PT	Yes	NUMBER: several invoices SED S080 were rejected in cases where the citizen presented in Portugal an EHIC issued by another Member State but Portugal was competent as Member State of residence and an E121/S1 has been issued. This is due to the fact that our NHS is based on residence and the registration system is not yet prepared to identify residents with E121 issued by another Member State. We cannot quantify the situations. We also received many contestations regarding the difficulty to recognize the insured person making it necessary to send a copy of the EHIC in order the invoice to be validated. This is a significant administrative burden for us and since the information on the invoice is the same as the one on the EHIC, we do not realize why we are asked to send a copy of the EHIC so the invoice can be validated.	No	REASON: We don't reject, but we present situation for contestation, if the invoice is not correct, or if the information don't allow to recognize the insured person.
RO	Yes	NUMBER: We cannot quantify. REASON of refusal: the period to provide benefits is not covered by EHIC.	Yes	NUMBER: We cannot quantify. REASON of refusal: the period to provide benefits is not covered by EHIC.
SI	Yes	In 2016 the ZZS received 159 rejections of E 125 forms by foreign institutions on the basis of an EHIC. The reasons for rejection were as follows: no document providing the basis for the treatment charged, the treatment was not charged under a valid document, the treatment was charged more than once, no such person in the register. In the past the ZZS has successfully resolved such cases by sending the requested copy of the EHIC or the certificate or the other information requested.	Yes	In 2016 the ZZS rejected 519 E 125 forms issued by foreign institutions on the basis of an EHIC. The reasons for rejection were as follows: no EHIC, EHIC is not the appropriate document for charging costs because the case concerns scheduled treatment, the treatment was not charged under a valid document, missing/incorrect ID data, the treatment was charged more than once.
SK	Yes	precise data are not available	Yes	precise data are not available
FI	Yes	Institutions in other countries have rejected a few invoices issued by Kela, Finland. The NUMBER of rejections is very small, just 1-2 percent of all rejections. REASON: 1) The EHIC was not valid at the time when the healthcare/treatment was given (the person was not insured anymore in the country in question). In Kela's experience, individual claims have even been rejected by some institutions because the EHIC was not provided at the time when the medical care was given. In these cases some institutions, when rejecting the claim, have requested Kela to ask them to issue a PRC. After Kela has received the PRC, the other institutions have asked Kela to send them a claim with the PRC. 2) The EHIC was granted after that the healthcare/treatment was given. 3)The costs of the treatment of a small child have been invoiced on the basis of the child's mother's EHIC but the institution in the Member State where the medical care/treatment was given has not accepted this. 4) In some cases Estonia has rejected invoices issued by Kela/Finland since the persons in question are not insured in Estonia anymore (the persons might work in Finland or somewhere else. In most of these cases Estonia's refusal is accepted). 5) Overlapping costs with an earlier E125 form. 6)The EHIC has been issued by another Member State than the one that Kela/Finland was invoicing.	Yes	There are rejections of invoices drawn up on the basis of EHICs issued by Finland but the NUMBER of rejections is small, just 1-2 percent of all rejections. REASONS: 1) Overlapping costs with earlier E125 forms. 2) The EHIC has not been issued by Finland. 3) There are two persons in the E125 form and Finland doesn't know which one of them the costs concern (for example the name and the personal identification number don't match). 4) The costs are invoiced on the basis of the EHIC even if the person has a valid E121/S1 issued by Finland (this concerns the Member States that invoice lump sums). 5) The EHIC was not valid at the time that the healthcare/treatment was given and Finland has not issued a new EHIC since the person is not insured in Finland anymore. 6) Kela/Finland did not receive a copy of the EHIC when requested 7) The invoice was addressed to Kela/Finland, but the competent institution was someone else.
SE	Yes	Rejection of E 125 occurs on a regular basis but we do not have any statistic. A typical reason is that the holder of the EHIC no longer is insured in the country that has issued it, but the EHIC still is valid according to the information provided on it. In such a situation the country that provides healthcare should not be held accountable for the	Yes	Försäkringskassan does not have any statistic but we have identified five typical case types. 1) The institution cannot identify the person and asks for a copy of the EHIC. 2) The person was not insured. In those case the institution often demands that Försäkringskassan investigates if the person was insured in Sweden when healthcare was provided. 3) The EHIC was not issued when healthcare was provided to the person. The person has requested an EHIC after

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by institutions in other countries		Rejections by your institutions	
	healthcare costs.		he/she received healthcare, made a copy of it and sent it to the region where healthcare was provided. 4) The same cost was claimed twice. 5) Specification of costs/high costs
UK	Yes NUMBER: 382 (this will be subject to change as the 2016 claims have not been finalised). REASONS for rejection include 1) Possible duplicates 2) EHIC not valid for treatment dates 3) Not insured by relevant country 4) Requested sight of EHIC card.		NUMBER: 3682 (this will be subject to change as the 2016 claims have not been finalised). REASONS for rejections include 1) Claimant not traced 2) Customer resident in Foreign Authority 3) Incomplete customer details 4) Invalid EHIC number 5) Registration ended 6) Registration not started 7) Invalid dates 8) Person deceased.
IS	Yes Institutions in other countries rejected/contested in total 40 invoices in the year 2016. That is approx. 1,85% of all issued invoices (NUMBER). REASONS: 11 of those 40 invoices belong to Austria which in most of the cases requested the underlying documents since the number of the institution was unknown to them, even though the number from the EHIC was used correctly and they have accepted invoices with the same institution number multiple times. In some rejection cases from Austria we are dealing with their national EHIC that have no numeric information on one side but only stars. Since the title of that card is "Europäische Krankenversicherungskarte" our healthcare service providers have accepted them but according to Austria those cards are not valid outside Austria. This of course causes problems. Then Lithuania has sent some rejections because individuals have become insured in Iceland retroactively but E125 forms had been processed before.	Yes	the IHI has had technical problems in monitoring invoices sent to us. Therefore the IHI cannot provide quantified information for the time before 2017 (NUMBER). REASONS: usually that the individual has become insured in the country that sent the invoice to us or that the individual did not belong to Iceland, i.e. the EHIC was from another country.
LI	No	No	
NO	Yes NUMBER AND REASONS: We received approximately 70 individual contestations against our claims during 2016. Approximately 40 of the contestations were simple requests for copies of the EHIC on which the claims were based, while approximately 15 of the contestations were presented due to failure on our side to include information such as competent institution or details concerning the EHIC on the E125 form. The rest of the contestations concerned EHICs being issued after the period the benefits in kind had been provided. We have not kept track of how many of these 70 individual contestations received in 2016 resulted in the related E125 forms being cancelled.	Yes	We have rejected invoices E125/S080 issued by other countries, but are unable to provide any NUMBER as to how many contestations we presented during 2016. The most frequent REASON for contesting an invoice E125/S080 is because the benefits in kind were provided outside the period of entitlement. This usually occurs because of retroactive cancellation of the entitlement form on which the invoice is based. Please note that this reason of contestation is related only to claims based on the S1. Another frequent reason for contesting an invoice E125/S080, which also concerns claims based on the EHIC, is because of lack of information concerning the individual in question that makes it impossible for us to identify him/her.
CH	Yes NUMBER: several rejections. But there is no specification possible.	Yes	NUMBER: several rejections. But there is no specification possible.

Source Administrative data EHIC Questionnaire 2017

Table A6 Other difficulties, 2016

MS	Yes/No	Other difficulties
BE		
BG		
CZ	No	
DK	Yes	One of the five regions in Denmark points out that some Member States have too long processing time on requests for PRCs.
DE	Yes	In some states that apply the benefits-in-kind principle, there are still too few contracted health care providers to meet the demand for treatment based on the EHIC. This means that the EHIC is frequently not accepted in these states, and an application for reimbursement of costs must be submitted after the insured person has returned to Germany. In addition, there is some concern among German health insurance funds, because of the payment behaviour of various countries, as to what extent it is guaranteed that the expenses they incur as part of benefit assistance will be reimbursed. The questions show that payment behaviour also has an indirect effect on acceptance of the EHIC.
EE	Yes	In cases of pregnancy-related consultations and giving birth in another Member State for family reasons the healthcare providers in some Member States have required form E112 (S2) although these services should be available on the basis of the EHIC.
IE	No	
EL	Yes	There is a problem related to the use of the EHIC in the territory of another state, in the procedure of investigation which the EOPYY deliver with public hospitals, regarding the refusal of them to accept the EHIC for necessary healthcare, and then they send by mail the total cost to be paid, in some cases is noted refusal or not at all reply. Regarding the issue of writing a starting date of validity on the EHIC, which still has not been applied, EOPYY has the opinion that this would put an end to the disputes regarding the invoices between the member states.
ES	Yes	There are cases in which different Member States request S2 (E 112) forms from our insured persons in situations where medical assistance should be provided on the basis of an EHIC.
FR		
HR	No	
IT		
CY	No	Not aware of any problems.
LV		
LT	No	
LU	No	
HU		
MT	No	Malta is not aware of any such cases.
NL	Yes	Our institution of stay has sometimes problems because of the lack of starting date on the EHIC. See also question 1 (on fraud).
AT	Yes	It is difficult for patients to tell whether the service provider in the country concerned has a contract with the statutory health insurance scheme. This might be remedied by a uniform logo.
PL	Yes	There are still cases when patients do not have access to benefits in kind on the basis of EHIC due to insufficient knowledge of healthcare providers regarding benefits under provisions of coordination. There are cases when the entitled persons have no enough knowledge about the documents they should use. It results for example with the use of EHIC by residents who actually have confirmed the proper E100 form. As far as entitled persons are concerned, the remaining difficulties result from using documents which do not entitle them for benefits, e.g. Austrian or German EHICs contain asterisks (***) instead of patient's data, using EHIC to obtain planned treatment, receiving benefits on the basis of a parent's EHIC, presenting other documents as EHIC, e.g. national card form another EU/EFTA country. Another problem is related to settling costs of post-operative rehabilitation services. Healthcare providers (mainly German) settle the costs of surgical treatment and hospitalization on the basis of EHIC, however it does not always refer to rehabilitation services. The healthcare providers make the rehabilitation services subject to obtaining E112/S2 form, which is used to settle the costs of planned treatment and requires prior authorisation, and is not based on the criteria of necessary healthcare concept. We have already identified examples of using Slovak EHICs, where in item 9) of the document, the date of validity of "to": December 31, 9999 or December 31, 2099.
PT	No	
RO	Yes	There is a possibility that the EHIC/PRC holder to use it even if during the validity period he becomes uninsured (he does not pay the health insurance contribution). Romanian competent institutions have reported 71 cases, but we can quantify only after the receiving and check of all E 125 forms for benefits of 2016.
SI	Yes	Slovenia is not aware of any major problems with the use of the EHIC in Slovenia or the other Member States of the EU.
SK	Yes	We also registered cases when the EHIC was used for coverage of healthcare before its issuance and after its return to the issuing institution. Some problems may incur due to missing date "valid from".
FI	No	Not directly. According to Kela's experience the problems can also be due to the fact that the clients don't have an EHIC with them when travelling, which causes difficulties in receiving treatment.
SE	No	
UK	No	
IS	Yes	We have been aware of individuals that try to use their own EHIC for their children and tell the healthcare service providers that in their country of residence the children fall within the scope of the parent's EHIC.

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MS	Yes/No	Other difficulties
LI	No	
NO	Yes	According to our experience, the most pressing issue concerning the use of the EHIC is related to the lack of a starting date. This not only generates claims that have to be cancelled because the individual in question was not insured at the time the benefits in kind were provided, but it also leads to uncertainty among healthcare providers if an EHIC presented after the stay was valid at the time in question.
CH	Yes	The frequent problem is the missing start date. In the opinion of some member states, date of issue of EHIC means begin of validity. That causes problems related to reimbursement.

Source Administrative data EHIC Questionnaire 2017

ANNEX III REIMBURSEMENT CLAIMS BETWEEN MEMBER STATES

Table A1 Number of claims received by the competent Member State for the payment of necessary healthcare received abroad, total, 2016

		Competent Member State																															
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
Member State of treatment	BE	0	1,538	190	187		368	710			24,097	156		44		197		621		4,734	247	2,499					600		253	96			
	BG	132	0	80	73		61	23			650	0		38		29		9		104	50	134					112		238	1			
	CZ	454	482	0	392		66	401			1,507	203		141		115		371		921	2,796	8,550					327		110	58			
	DK	20	65	73	0		62	0			342	81		0		71		37		712	116	166					0		23	11			
	DE	6,501	24,507	7,901	6,094		2,307	3,244			31,664	8,752		1,121		3349		16,558		16,261	41,995	57,649					5,350		877	646			
	EE	9	6	45	59		0	62			149	16		4		156		18		88	59	51					12,906		20	3			
	IE	52	121	178	6		23	0			868	468		13		100		203		189	281	1,964					312		0	17			
	EL	1,153	851	182	127		49	7			5,829	10		725		41		0		549	267	248					1,041		756	14			
	ES	1,545	2,371	1,824	5,455		552	9,572			110,812	298		92		397		1,216		14,120	3,785	4,124					9,273		916	1,140			
	FR	21,601	1,819	804	1,782		305	1,318			0	150		58		377		727		6,792	977	1,375					1,497		9,196	122			
	HR	303	56	3,553	51		39	151			2,237	809		0		70		971		1,620	14,241	2,788					255		76	19			
	IT	7,188	806	1,672	1,554		115	972			20,225	311		2		168		300		3,364	4,743	2,993					379		959	74			
	CY	19	373	14	16		12	36			221	1		0		30		48		12	22	21					98		35	0			
	LV	6	3	33	62		207	10			96	2		1		312		5		36	24	75					134		18	0			
	LT	5	10	32	83		106	120			135	16		1		0		12		45	17	97					94		93	9			
	LU	2,557	132	36	47		33	0			13,674	16		2		19		108		427	63	136					99		32	9			
	HU	147	103	364	276		25	283			2,855	84		32		16		0		643	3,131	129					313		55	16			
	MT	11	67	62	99		12	128			889	8		2		39		94		120	59	117					60		42	4			
	NL	7,732	661	340	693		193	532			3,356	149		76		528		621		0	593	2,027					768		393	93			
	AT	6,463	4,041	4,518	4,760		223	717			4,725	1,985		188		288		6,660		13,287	9	3,638					1,520		1,050	243			
	PL	2,238	1,237	3,202	2,979		101	9,616			5,751	220		310		224		452		10,482	3,934	0					1,273		282	1,010			
	PT	316	77	332	44		59	725			195,185	54		3		120		120		2,855	1,077	643					588		424	56			
	RO	48	10	20	16		4	13			942	2		4		2		382		48	45	12					6		16	0			
	SI	20	57	361	136		16	63			492	978		3		37		221		436	3,182	706					88		19	11			
	SK	181	158	14,588	282		21	993			712	42		35		69		17,735		526	3,701	193					152		142	66			
	FI	58	48	134	12		1,236	51			605	56		7		204		47		233	189	368					0		62	7			
	SE	77	286	404	112		477	0			960	254		41		726		370		1,499	588	2,319					20		73	8			
	UK	31	160	336	4		10	0			763	79		110		282		5		357	183	945					19		0	34			
	IS	27	7	86	22		16	13			447	3		0		58		38		191	102	121					2		35	0			
	LI	3	0	12	3		0	0			7	0		0		0		7		3	40	3					1		0	0			
	NO	20	15	14	130		30	6			213	13		0		60		3		130	26	175					11		44	5			
	CH	2,255	618	443	417		128	158			26,130	0		12		87		680		1,834	9,187	499					729		739	141			
	Total	61,172	40,685	41,833	25,973		6,856	29,924			456,538	15,216		3,065		8,171		48,639		82,618	95,729	94,765					38,027		16,978	3,913			

* Blank: no data reported. - n.a.: no data available

Source Administrative data EHIC Questionnaire 2017

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Table A2 Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2016

	Competent Member State																																
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	
Member State of treatment	BE	0	36,654	76,810	198,897	166,208	2,998			23,966,760	77,424			224,716					6,169,483	109,165	1,999,725		2,903,557		10,535		31,458	34,530					
	BG	4,446	0	48,515	7,930	26,194	0			124,279	0			5,968					66,897	7,734	27,523		20,702		17,160	0	2,685						
	CZ	130,267	41,125	0	57,612	5,755	111,959			262,392	27,523			42,996					279837.87	153,089	3,973,342		33,914		27,176	8,157	25,372						
	DK	15,622	402	14,802	0	12,951	0			19,472	9,858			42,486					280,726	13,132	217,069		29,236		0	0	542						
	DE	5,141,318	9,788,819	5,057,228	3,509,450	1,874,684	853,868			9,674,490	3,675,811			1,875,344					15,064,329	13,563,485	27,128,638		17,476,953		2,069,937	194,556	379,167						
	EE	1,466	0	2,214	656,124	0	2,834			4,323	785			38,208					13,696	8,134	5,980		33		693,087	566	123						
	IE	1,568	0	77,366	230	61,142	0			217,683	72,288			20,070					56,329	20,258	434,881		16,208		487	0	845						
	EL	800,371	765,903	242,036	1,638	12,724	16,899			1,018,254	65,896			40,302					676,225	149,192	231,230		135,366		384,933	68	1,964						
	ES	8,810,718	374,900	548,286	2,018,158	213,164	3,282,744			15,971,898	118,030			332,807					4,610,882	1,516,999	1,548,500		5,555,963		3,902,763	62,221	341,039						
	FR	32,057,261	1,743,029	1,530,141	2,313,632	483,569	753,716			0	432,819			1,053,958					16,856,794	863,254	1,982,402		6,138,661		1,217,970	841,313	24,323						
	HR	95,826	71	276,298	1,123	2,674	6,912			272,191	0			5,950					189,254	525,530	195,991		2,059		33,684	41,920	2,154						
	IT	6,111,983	4,179	1,060,976	669,131	105,292	157,104			5,075,646	438,514			162,956					2,260,141	2,194,194	1,929,528		19,846,350		10,301	11,065	8,284						
	CY	16,125	238,109	21,191	2,425	11,374	40,676			39,507	15			12,772					17,256	5,239	3,641		180,826		94,184	406	0						
	LV	601	0	2,260	3,300	25,567	427			4,326	28			37,204					8,674	1,513	4,547		532		4,128	381	141						
	LT	1,192	0	783	6,114	30,222	40,399			13,228	308			0					3,444	1,357	9,121		17,080		5,132	23,770	1,958						
	LU	2,097,813	15,138	19,881	6,945	28,280	0			2,654,428	33,095			3,266					674,343	64,045	38,096		64,943		1,693	2,725	1,951						
	HU	35,553	1,437	61,087	24,697	4,055	11,704			744,316	20,482			2,054					104,293	187,682	28,183		1,286,731		62,552	1,888	9,624						
	MT	6,202	236	6,751	9,263	652	9,477			74,377	820			5,573					16,431	8,438	12,087		3,900		10,779	0	1,482						
	NL	6,787,756	824,020	204,995	581,593	186,319	291,651			877,982	199,396			433,936					300,709	2,633,333	587,379		522,367		47,732	42,211							
	AT	3,665,329	1,395,881	2,718,657	1,808,714	140,624	148,240			1,838,875	1,634,755			502,951					7,159,295	1,872	1,962,330		4,499,813		326,219	131,518	106,769						
	PL	198,781	1,027	394,849	268,185	34,273	730,330			654,972	13,797			59,753					914,426	241,529	0		41,132		56,236	17,164	61,411						
	PT	120,083	14,078	45,237	629	11,589	346,192			28,331,063	7,593			18,328					570,329	105,492	118,359		27,009		168,449	2,397	7,349						
	RO	16,871	8,736	5,991	2,663	1,089	6,579			166,859	89			517					10,614	17,767	10,387		0		7,003	259	0						
	SI	6,324	2,234	142,585	27,452	4,655	782			137,788	409,715			31,451					120,262	338,934	127,999		129,180		11,852	1,860	15,090						
	SK	22,506	50,159	2,407,871	42,124	6,952	97,626			49,075	12,519			23,139					118,731	406,901	26,493		36,174		4,486	10,686	6,099						
	FI	10,350	0	27,951	513	1,259,106	37,201			163,416	10,035			75,309					177,380	112,075	163,544		57,532		0	2,078	428						
	SE	29,613	20,224	480,899	2,273	657,643	0			701,744	120,441			634,886					1,008,626	237,255	2,455,272		683,647		954	16,651	340						
	UK	13,148	107,406	440,033	99	37,528	0			909,404	69,417			397,448					780,955	22,322	1,738,730		659,515		24,484	0	62,631						
	IS	16,742	0	28,170	902	1,735	293			306,612	492			34,012					131,447	28,707	35,658		14,313		204	19,022	0						
	LI	630	0	3,443	1,682	0	0			1,274	0			0					22,910	1,153			879		297	0	0						
	NO	7,308	0	45,188	1,899	72,347	0			327,619	49,442			529,562					683,144	73,392	466,401		155,913		1,986	5,317	1,679						
	CH	2,704,964	317,551	745,814	364,899	279,349	212,933			14,256,313	0			144,230					3,755,315	1,805,512	574,363		450,352		503,257	184,482	88,499						
	Total	68,928,735	15,751,318	16,738,312	12,590,296	5,757,716	7,163,542			108,860,567	7,501,385			6,792,151					62,781,695	23,107,817	50,084,503		61,055,854		10,174,292	1,659,659	1,228,692						

* Blank: no data reported. - n.a.: no data available

Source Administrative data EHIC Questionnaire 2017

Table A3 Number of claims issued by the Member State of treatment for necessary healthcare, total, 2016

		Member State of treatment																														
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
Competent Member State	BE	0	341	419	126	58	266	2,435	2,687	13,786	673	10	28	980	0	9,594	4,987	3,618	347	149					97	50	115	78				
	BG	926	0	365	82	10	155	1,144	8	825	49	478	9	115	0	456	1,501	1,268	0	27					44	415	8	14				
	CZ	296	4	0	69	52	259	193	29	709	3,516	14	31	537	0	346	4,726	3,560	1	4					136	395	76	24				
	DK	177	84	431	0	255	0	255	486	1,166	548	6	84	493	0	539	5,089	3,457	9	24					2	3	18	103				
	DE	3,221	948	9,232	8,515	856	3,922	25,956	1,030	10,729	53,361	101	380	31,198	0	19,352	146,024	82,571	60	310					1,425	1,994	820	394				
	EE	54	52	57	3	0	23	45	13	98	37	10	54	25	0	105	146	47	0	7					1,085	0	14	30				
	IE	260	26	441	1	74	0	44	85	1,583	181	36	129	281	0	420	764	8,366	9	10					58	3	17	12				
	EL	585	212	226	0	35	59	0	1	674	18	653	7	91	0	448	843	242	0	35					51	268	4	11				
	ES	2,931	134	859	212	116	7,624	83	0	8,142	304	9	133	382	0	1,709	2,032	2,195	379	138					477	18	192	69				
	FR	29,899	128	1,033	204	134	4,076	682	12	0	1,638	32	45	1,651	0	1,499	3,551	4,437	704	90					513	51	354	94				
	HR	142	8	227	3	17	468	13	11	145	0	1	16	365	0	198	1,732	164	4	0					56	81	3	24				
	IT	6,186	382	1,933	351	341	5,166	1,019	211	20,695	6,163	63	134	1,454	0	2,190	17,251	6,917	6	1,341					424	4,028	200	50				
	CY	27	15	77	0	6	13	644	0	44	0	0	1	37	0	41	52	89	0	10					7	110	0	1				
	LV	75	27	66	51	752	90	27	4	159	21	47	108	30	0	114	261	130	5	1					93	163	31	16				
	LT	200	8	119	129	358	169	49	23	366	58	27	0	30	0	372	293	474	1	2					187	281	51	89				
	LU	7,203	14	108	51	28	0	35	2	2,393	138	1	14	126	0	635	2,341	551	830	12					5	43	9	2				
	HU	439	19	246	92	27	312	83	11	518	891	48	9	0	0	459	4,516	371	1	190					79	7	36	5				
	MT	27	4	20	0	2	67	2	0	44	3	1	1	15	0	26	50	37	0	3					12	0	4	0				
	NL	4,978	172	932	513	381	189	600	140	6,792	1,620	12	46	3,833	0	0	14,634	12,019	42	33					266	754	191	133				
	AT	235	210	2,179	125	65	551	366	75	805	11,775	15	21	79,371	0	532	0	4,528	2	66					166	295	120	34				
	PL	2,825	173	1,569	332	111	1,945	577	132	2,019	2,590	22	95	539	0	1,816	4,048	0	66	15					407	1,621	135	265				
	PT	2,119	17	301	0	36	371	14	40	7,524	66	5	38	48	0	626	889	401	0	0					105	0	47	1				
	RO	993	60	141	79	5	154	155	10	1,401	35	122	6	21,383	0	182	2,193	137	0	0					51	381	2	31				
	SI	320	19	150	17	17	67	72	75	148	12,197	1	4	349	0	231	1,917	776	12	31					61	95	8	8				
	SK	541	35	21,298	58	41	275	63	12	457	1,922	37	19	6,995	0	489	3,659	116	4	13					137	245	30	20				
	FI	172	19	269	12	12,199	304	106	32	392	214	19	34	198	0	414	1,014	625	0	4					0	3	9	27				
	SE	363	55	608	18	1,070	0	2,005	575	1,602	1,838	60	136	1,408	0	665	3,259	5,421	55	52					19	18	35	61				
	UK	3,324	1,228	4,298	11	16	0	3,525	635	29,162	2,283	3,110	557	78	0	4,437	11,422	54,963	92	13					2	0	724	43				
	IS	34	3	33	0	3	17	20	103	53	18	0	7	20	0	84	174	869	0	0					3	34	0	10				
	LI	0	1	9	1	1	5	3	0	5	8	0	0	48	0	29	379	5	0	2					7	6	0	1				
	NO	192	103	489	10	1,096	108	224	47	729	549	24	119	575	0	500	747	8,414	2	10					1	4	17	0				
	CH	554	60	771	208	89	487	307	31	4,935	0	13	19	2,705	0	727	7,836	1,244	16	12					291	446	184	27				
	Total	69,298	4,561	48,906	11,273	18,251	27,142	42,063	430,311	118,100	106,409	4,977	2,284	155,360	0	49,235	248,330	208,012	3,468	2,604					7,805	11,812	3,454	1,677				

* Blank: no data reported. - n.a.: no data available

Source Administrative data EHC Questionnaire 2017

The European Health Insurance Card

Table A4 Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2016

	Member State of treatment																															
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
Competent Member State	BE	0	191,829	107,264	108,652	2,393	17,656	9,799	584,978	29,684,001	101,431	3,213	2,086	55,524	9,483,685	2,254,662	266,093	72,267	8,872						75,916	87,834	122,119	107,518				
	BG	1,304,948	0	137,956	67,617	0	0	14,132	962	3,519,831	35,548	0	796	0	582,306	1,174,898	155,283	0	10,821						0	861,005	0	0				
	CZ	172,476	227	0	13,940	1,449	16,780	182	870	1,534,984	273,232	0	763	0	215,858	2,637,237	346,945	90	678						20,857	572,614	23,965	151,358				
	DK	112,704	31,175	57,693	0	13,458	0	0	6,817	2,260,729	35,547	2,426	7,641	29,447	637,547	1,751,702	365,939	168	3,422						0	61	1,041	279,521				
	DE	3,132,012	197,434	2,111,516	2,760,915	115,165	244,362	9,798	92,545	19,286,431	6,458,430	25,700	58,375	343,262	20,243,468	56,094,494	9,606,520	24,879	114,316						966,896	2,119,199	459,545	2,155,213				
	EE	51,489	24,736	3,523	0	0	61,142	20	573	250,479	2,026	2,104	21,094	3,374	97,651	78,415	5,491	0	1,075						1,148,517	0	1,680	75,628				
	IE	132,336	1,963	175,336	0	2,834	0	13	5,926	2,390,989	14,445	0	25,080	392	443,317	381,009	830,463	715	7,499						37,201	458	24,604	0				
	EL	619,673	200,932	30,219	0	24,180	1,728	0	0	1,288,424	1,667	81	1,476	0	394,970	320,907	36,476	0	16,027						232,197	306,754	4,883	88,657				
	ES	2,574,722	55,731	78,758	81,720	7,134	90,016	38	0	18,644,052	28,985	15	8,511	1,181	1,232,911	802,888	194,732	20,319	61,574						531,629	3,801	149,021	326,687				
	FR	43,630,290	54,614	182,082	101,082	3,233	192,273	20	261	0	229,417	10,680	4,726	153,809	2,213,262	2,019,734	462,911	50,446	17,606						144,937	28,347	300,417	115,440				
	HR	41,928	551	38,147	0	98	1,638	0	664	431,619	0	0	308	22	562,099	1,071,360	6,418	8	0						12,999	70,084	0	20,268				
	IT	4,924,792	146,060	238,217	163,932	11,270	283,691	11,430	11,366	38,723,119	671,296	0	16,388	374	1,749,881	5,797,624	863,502	85	560,083						398,530	2,973,604	111,646	207,794				
	CY	7,214	28,278	10,354	0	105	264	0	0	35,052	0	0	37	0	17,150	11,206	8,503	0	7,084						1,601	136,529	0	0				
	LV	78,263	5,749	7,879	15,227	75,513	3,641	0	0	539,575	1,435	0	32,586	0	86,260	133,729	39,177	66	104						126,271	449,924	2,966	110,877				
	LT	211,226	2,224	40,102	140,973	64,544	19,149	217	1,178	1,525,493	5,661	12,702	0	6,004	244,354	478,775	111,674	35	494						73,935	392,378	33,658	549,108				
	LU	5,477,589	2,437	16,418	7,216	1,153	0	0	277	6,757,663	8,656	409	597	14,441	621,125	522,848	34,002	56,952	23						235	13,050	499	601				
	HU	421,906	3,163	62,465	20,760	3,931	6,562	126	814	1,698,437	73,341	0	266	0	432,905	2,933,232	54,327	0	50,881						59,696	94	8,834	808				
	MT	28,999	6,258	5,119	0	93	4,988	0	0	45,572	65	0	29	227	8,196	19,070	4,074	0	921						1,174	0	0	0				
	NL	7,146,633	53,759	251,935	230,468	31,883	9,730	148	1,229	17,730,590	200,097	13,620	3,901	164,248	0	9,125,522	1,351,952	5,032	15,933						131,991	1,528,593	195,746	608,347				
	AT	165,967	49,654	592,293	40,087	7,592	23,035	418	23,794	1,239,102	1,247,479	198	7,747	1,527,724	429,581	0	627,189	909	50,700						134,735	234,857	38,223	100,958				
	PL	2,647,696	35,388	689,752	477,139	23,588	91,760	4,880	22,915	6,995,738	273,961	14,099	14,599	64,466	2,494,425	2,623,076	0	3,579	9,929						155,735	3,186,974	51,153	382,631				
	PT	1,865,692	0	70,084	0	0	0	0	2,694	17,390,999	3,037	0	9,546	0	864,010	305,542	30,196	0	0						362	0	464	392				
	RO	1,791,853	28,442	64,294	30,917	277	16,208	358	144	6,956,767	4,578	0	1,030	967,432	988,332	2,202,392	46,663	0	0						110,454	1,224,869	16,096	160,332				
	SI	157,281	15,970	7,222	969	116	0	2,965	1,483	583,535	1,160,537	2,113	710	7,171	298,062	1,031,766	99,831	77	5,517						13,416	139,703	0	7,092				
	SK	497,663	3,077	5,573,398	36,815	2,063	7,786	132	304	1,308,033	206,652	2,397	2,271	24,175	615,421	2,827,904	8,379	52	4,484						49,446	365,952	6,828	124,339				
	FI	89,450	2,334	51,271	0	641,364	0	0	3,695	885,719	22,787	4,846	1,620	287	367,678	338,476	72,276	0	1,313						0	21,162	640	6,573				
	SE	288,957	19,699	132,177	0	17,868	0	3,423	362,746	3,192,737	170,928	26,315	13,972	127,171	606,755	1,334,475	470,964	8,885	11,122						35,415	709	10,287	13,992				
	UK	3,203,043	67,012	898,595	0	0	0	758	68,456	54,776,438	297,943	1,282,235	131,831	2,179	4,890,783	4,717,559	5,992,771	3,954	2,368						0	0	19,593	11,032				
	IS	21,362	2,894	3,660	0	123	845	0	3,467	54,680	1,997	0	2,350	0	142,176	40,201	56,597	0	0						0	26,657	0	2,833				
	LI	0	0	380	4,838	17	223	0	0	497	2,702	0	0	142	12,721	327,911	96	0	398						0	2,725	84	299				
	NO	231,936	20,060	74,250	0	146,035	61,191	45	3,184	1,984,894	76,549	20,791	44,082	51,731	604,025	518,839	840,990	13	2,969						12,457	195	477,691	0				
	CH	478,915	5,716	149,598	107,373	8,083	66,612	0	3,610	10,559,071	0	0	2,032	0	650,277	4,118,444	191,477	81	6,889						196,883	517,210	69,994	316,383				
	Total	81,509,015	1,257,365	12,034,098	4,410,639	1,205,562	1,221,279	58,902	177,611,580	252,275,249	11,610,430	1,423,944	416,447	3,544,784	52,231,189	107,995,896	23,181,911	382,763	973,105						4,673,485	15,265,343	2,131,677	5,924,680				

* Blank: no data reported. - n.a.: no data available

Source Administrative data EHC Questionnaire 2017

Planned cross-border healthcare

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SUMMARY OF THE MAIN FINDINGS

Planned cross-border healthcare can be received by applying the procedures provided by EU rules (Regulation (EC) Nos 883/2004 and 987/2009 on the coordination of social security systems, along with Directive 2011/24/EU on Patients' Rights in Cross-border Healthcare) or other parallel procedures provided in national legislation or in (bilateral) agreements.

In 2016 about 10 out of 100,000 insured persons received a so-called Portable Document S2 (PD S2). This form certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by EU rules on the coordination of social security systems. Only Luxembourg shows a rather high volume of patient mobility (some 15 out of 1,000 insured persons received a PD S2). Moreover, planned cross-border healthcare provided on the basis of a PD S2 amounts to 0.03% of total healthcare spending related to benefits in kind.

The reported figures illustrate a very concentrated use and impact of planned cross-border healthcare within a limited number of EU-15 Member States (LU, DE, AT, BE, NL, FR and NL) and Switzerland. Approximately 9 out of 10 prior authorisations are issued to receive a scheduled treatment in an EU-15 Member State or EFTA country. Furthermore, proximity seems to be an important explanatory variable as roughly 8 out of 10 PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State.

Based on the evolution of the number of PDs S2 between 2013 and 2016 as well as on the qualitative input from Member States it appears that in general Directive 2011/24/EU did not have a direct impact on the number of PDs S2 issued by Member States. Only in a limited number of Member States, mainly in Luxembourg and Belgium, the average number of prior authorisations through PD S2 has declined considerably compared to 2013. Both Member States together with the Czech Republic and the United Kingdom believe also that Directive 2011/24/EU had an impact on the number of PDs S2 issued. Notably, there is a more rigorous application of the EU rules on the coordination of social security systems. This is also reflected by the higher refusal rate between 2014 and 2016 in these Member States compared to 2013.

The number of PDs S2 issued is not necessarily equal to the total number of patients who received planned healthcare abroad. Alongside the procedures provided by EU rules (the EU rules on the coordination of social security systems and Directive 2011/24/EU), several Member States reported the existence of parallel procedures for planned healthcare abroad. In some Member States, particularly in Belgium, patient flows abroad are larger under such parallel schemes. Moreover, bilateral agreements in border areas seem to considerably influence the number of persons travelling abroad to receive planned cross-border healthcare.

INTRODUCTION

This chapter presents data concerning the use of planned cross-border healthcare on the basis of the so-called S2 Portable Document (PD S2). This '*Entitlement to scheduled treatment*' certifies the entitlement to planned health treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by EU rules on the coordination of social security systems.

Furthermore, the chapter shows developments regarding the application of Regulation (EC) No 883/2004, and to some extent the impact of Directive 2011/24/EU on Patients' Rights in Cross-border Healthcare. The evolution of the number of PDs S2 before and after the transposition of Directive 2011/24/EU, notably before and after 25 October 2013, could be considered as an interesting indicator to measure the Directive's impact. These observations should, however, be confronted with the expertise of the competent institutions by asking their opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued.

In addition to the questionnaire on PD S2 for data collection in the framework of the Administrative Commission for the Coordination of Social Security Systems, the European Commission (Directorate-General for Health and Food Safety) collects data on the operation of Directive 2011/24/EU through a separate questionnaire. A report published by the DG for Health and Food Safety in 2016 showed low patient flows for healthcare abroad under Directive 2011/24/EU to date.²⁰

INFORMING PATIENTS AND HEALTHCARE PROVIDERS ABOUT EU RULES ON PLANNED CROSS-BORDER HEALTHCARE

Some important differences exist between the provisions under Regulation (EC) No 883/2004 and Directive 2011/24/EU.

Under Regulation (EC) No 883/2004:

- *Prior authorisation*: is a requirement for receiving planned healthcare in another Member State (through PD S2);
- *Reimbursement*: costs of planned healthcare are – in principle – reimbursed under the conditions and reimbursement rates of the Member State of treatment.

Under Directive 2011/24/EU:

- *Prior authorisation*: is an exception from the main rule. However, the competent Member State may provide for a system of prior authorisation only for certain kinds of cross-border healthcare and only e.g. treatment requires overnight stay or highly cost intensive treatment in so far as it is necessary and proportionate to the objective to be achieved, and not constitute a means of discrimination or an obstacle to the free movement of patients.
- *Reimbursement*: costs of planned healthcare are – in principle – reimbursed according to the conditions and reimbursement rates that would have been assumed for that healthcare on the territory of the competent Member State. In theory, the competent Member State may nevertheless decide to reimburse the full cost of healthcare.

Patients and healthcare providers might not know what are the relevant provisions of Regulation (EC) No 883/2004 and Directive 2011/24/EU, and neither the differences between these two legislations. In *Annex I* of this chapter the steps taken by the competent institutions to inform patients and healthcare providers on planned cross-border healthcare are listed. Most of the competent institutions refer to the 'National

²⁰ See https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2015_msdata_en.pdf

contact points for cross-border healthcare' established by the Directive 2011/24/EU and the linked websites.²¹ An explanation of the differences between both schemes is available on these websites, in the national languages and in English. In addition, some competent institutions state that personal advice is provided by phone or email.

THE NUMBER OF PDS S2 ISSUED AND RECEIVED

The current flow of PDs S2 between Member States

The *cross-country Table 1* gives a detailed overview of the PDs S2 issued by the 27 reporting countries. In 2016, these reporting countries issued a total number of 28,386 PDs S2.²² This is a strong underestimation of the total number of PDs S2 issued throughout all Member States given that Germany, Italy, Latvia, the Netherlands and Liechtenstein did not provide data. For instance, based on the reporting for previous years, both the Netherlands and Italy issue on average some 4,500 PDs S2 a year. Furthermore, an estimate of the total number of PDs S2 could be made by looking at the detailed figures provided as Member State of treatment (see *cross-country Table 2*). In total 28 Member States provided figures on the number of PDs S2 received. A total number of 50,686 PDs A2 are received by these reporting Member States. This figure might even be an underestimation when looking at the number of reimbursement claims received or issued in 2016 for planned cross-border healthcare (*Table 6*).

Most of the reported PDs S2 were issued by Luxembourg (12,889 PDs S2 issued). On the basis of the data from a receiving perspective by issuing Member State Germany provided some 11,000 prior authorisations. Furthermore, Austria issued more than 4,500 PDs S2. A comparable number of 4,500 prior authorisations was on average issued by both the Netherlands and Italy during previous years. The UK issued some 1,400 prior authorisations. Ireland, Slovakia, Romania, Belgium and Bulgaria provided less than 1,000 but more than 500 prior authorisations. France²³, Croatia, Slovenia, Cyprus, Greece, Spain, Hungary, Sweden, the Czech Republic, Finland, Denmark and Poland issued less than 500 but more than 100 prior authorisations. Finally, Switzerland, Portugal, Estonia, Lithuania, Iceland and Norway issued less than 100 prior authorisations. Moreover, Belgium, the Netherlands, Germany, Luxembourg and France are also involved in a large number of cooperation agreements in border areas (IZOM²⁴, ZOAST²⁵ etc) where, depending on the cooperation agreement, prior authorisation often becomes a simple administrative authorisation that is granted automatically. For instance, Belgium issued in 2016 a total number of 21,103 PDs S2 under the more flexible procedure, of which 18,981 PDs S2 related to the IZOM-agreement.

Table 1 shows that approximately 9 in 10 of the total number of prior authorisations have been issued to receive planned cross-border healthcare in an EU-15 Member State. However, there are exceptions. Slovakia issued most of their prior authorisations to receive a scheduled treatment in the Czech Republic. Moreover, in contrast to most of the EU-15 Member States, the United Kingdom (patients seeking scheduled treatment mainly in Poland) and Finland (patients seeking scheduled treatment mainly in Estonia) issued a relatively low percentage of prior authorisations

²¹ For the list of national contact points see:

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

²² The number of PDs S2 issued is not necessarily equal to the total number of 'unique' patients entitled to received planned healthcare abroad under Regulation (EC) No 883/2004 and (EC) No 987/2009, as it is possible that the same patient has made several requests for planned treatment abroad during the same reference year.

²³ However, this is an underestimation of the number of PDs S2 issued by France. On the basis of Figure 2, it is estimated that France has issued more than 17,000 PDs S2.

²⁴ The agreement facilitates patient mobility in the country triangle of Germany, The Netherlands and Belgium (Meuse-Rhine Euregion).

²⁵ The agreement facilitates patient mobility between Belgium, France and Luxembourg.

where patients were seeking planned healthcare in another EU-15 Member State. Based on the breakdown by competent Member States (*Table 2*), a relatively high percentage of the PDs S2 issued by Germany has been received by Switzerland. It implies that the share of the EU-15 in total number of received PDs S2 is overestimated.

As mentioned before, in total 27 Member States provided figures on the number of PDs S2 received (*Table 2*), reporting a total number of 50,686 PDs S2 received. Most of the prior authorisations are received by Belgium (20,866). Some 16,000 of these were issued by France, mostly under the ZOAST-agreement. The figures shown in *Table 1* suggest that Germany received some 14,000 PDs S2. Also Switzerland received a high number of PDs S2 (7,581 in total), mainly issued by Germany.²⁶ Austria (5,508 PDs S2) and the Netherlands (2,281 PDs S2) reported a high number of PDs S2 received, again mainly issued by Germany. Luxembourg (1,627 PDs S2) and the Czech Republic (1,110) received also more than 1,000 prior authorisations. Bulgaria, Cyprus, Malta, Romania, Iceland, Liechtenstein and Norway received less than 10 PDs S2.

On the basis of *Tables 1 and 2* five main flows of planned cross-border healthcare by a PD S2 could be identified, namely from France to Belgium (15,958 PDs S2), from Luxembourg to Germany (7,250 PDs S2), from Germany to Switzerland (4,380 PDs S2), from Germany to Austria (4,717 PDs S2) and finally from Luxembourg to Belgium (3,449 PDs S2). It also illustrates a very concentrated use of planned cross-border healthcare within a limited number of EU-15 Member States mostly based on bilateral agreements on cross-border collaboration (LU, DE, AT, BE, NL, FR and IT) and Switzerland.

Belgium²⁷, the Czech Republic, Spain, Hungary, Austria, Poland, Sweden and Norway are 'net recipients', implying that a higher number of PDs S2 are received than issued. Bulgaria, Denmark, Ireland, Greece, Croatia, Luxembourg, Portugal, Romania, Slovenia, Slovakia, Finland, United Kingdom and Iceland are 'net senders' implying that a higher number of PDs S2 are issued than received.

²⁶ The vast majority of the planned healthcare cases are concentrated in a few Swiss service providers which are specialised in some medical fields and are internationally established. Since many of these providers are located near the Swiss border, the approval given by the competent institutions is facilitated because of the fact that insured persons with serious health problems may be treated faster in Switzerland than in the Member State of residence.

²⁷ However, Belgium also issued 21,103 PDs S2 for more flexible parallel procedures.

Table 1 Number of PDs S2 issued, breakdown by Member State of treatment, 2016

		Competent Member State																																	
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total	
Member State of treatment	BE		67	1	13		0	4	14	17	341	5		4		0	3,295	2	0		4	3	0	17	14	1	4	0	40	0		0	1	3,847	
	BG	0		0	0		0	0	0	0	0	0		0		0	0	0	0		0	0	0	0	0	0	0	4	0		0	0	4		
	CZ	0	0		0		1	0	2	1	289	28		0		1	2	1	0		2	4	0	1	18	602	1	2	63	1		0	0	1,019	
	DK	0	0	0			0	0	0	0	2	0		0		0	1	0	0		1	0	0	0	0	1	4	21	1	0		0	3	34	
	DE	137	298	51	28		8	18	102	113	516	138		261		7	7,250	47	13		4,422	67	11	255	116	56	18	14	97	6		2	48	14,099	
	EE	0	0	2	0			0	0	0	0	0		0		1	0	0	0		0	0	0	0	0	0	47	0	1	0		0	0	51	
	IE	0	0	0	0		0		0	3	0	0		0		0	0	0	0		0	0	0	0	0	0	0	0	38	0		0	0	41	
	EL	0	0	0	0		0	0		0	30	3		0		0	3	0	0		1	0	0	0	0	0	0	3	14	0		0	1	55	
	ES	4	0	2	0		0	1	0		1,053	2		0		0	7	0	0		0	0	22	0	0	1	10	57	148	0		0	9	1,316	
	FR	183	53	1	10		0	1	74	108		16		33		0	1,856	5	0		6	4	23	59	38	1	4	5	131	1		0	3	2,615	
	HR	0	0	0	0		0	0	0	0	0			0		0	1	0	0		1	0	0	0	13	0	1	0	3	0		0	0	19	
	IT	0	15	1	0		1	1	106	35	28	22		11		0	64	2	21		17	2	1	171	51	2	0	2	54	1		0	1	609	
	CY	0	0	0	0		0	0	0	0	4	0				0	0	0	0		0	0	0	0	0	0	0	0	0	0		0	0	4	
	LV	0	0	0	0		0	0	0	0	1	0		0		1	1	0	0		0	0	0	0	0	0	0	0	0	0		0	0	3	
	LT	0	0	0	0		0	0	0	1	0	0		0			0	0	0		0	0	0	0	0	0	0	0	0	31	0		0	0	32
	LU	10	8	0	0		0	0	0	1	224	0		0		0		0	0		0	0	0	0	0	0	1	0	2	0		0	0	246	
	HU	0	1	2	0		0	0	0	2	0	16		0		0	1		0		2	1	0	27	0	0	0	1	57	0		0	0	110	
	MT	0	0	0	0		0	0	0	0	0	0		0		0	0	0			0	0	0	0	0	0	0	0	1	0		0	1	2	
	NL	183	4	24	4		0	6	3	5	4	1		0		0	50	4	1		4	2	0	2	3	4	0	1	13	3		0	0	321	
	AT	1	63	3	0		0	3	18	3	7	204		12		0	13	88	0			3	0	70	134	87	3	1	23	1		0	4	741	
	PL	0	0	1	0		0	0	0	10	4	0		0		10	3	0	0		1		0	0	1	2	0	4	502	4		0	0	542	
	PT	0	0	0	0		0	0	0	2	56	0		0		0	30	0	0		1	0		0	0	0	0	1	5	0		0	0	95	
	RO	0	0	0	0		0	0	0	0	2	0		0		0	0	0	0		0	0	0		0	0	0	0	7	0		0	0	9	
	SI	0	0	0	0		0	0	0	0	0	25		0		0	1	0	0		1	0	0	0		0	0	0	0	0		0	0	27	
	SK	0	0	45	0		0	0	0	1	5	0		0		0	0	0	0		2	0	0	0	0		0	2	71	0		0	0	126	
	FI	0	0	0	1		1	0	0	3	3	1		0		0	5	0	0		0	0	0	0	0	0		11	4	1		0	0	30	
	SE	1	7	0	57		0	27	4	19	1	1		0		2	3	0	0		0	4	13	0	1	0	14		27	0		0	0	181	
	UK	14	14	2	22		8	804	62	29	9	4		61		0	14	0	0		8	8	4	3	9	2	10	5		1		0	2	1,095	
	IS	0	0	0	0		0	0	0	0		0		0		0	2	0	0		0	0	0	0	0	0	0	2	0			0	0	4	
	LI	0	0	0	0		0	0	0	0		0		0		0	0	0	0		2	0	0	0	0	0	0	0	0	0		0	0	2	
	NO	0	0	0	0		0	0	0	2		0		0		0	2	0	0		1	0	0	0	0	0	2	5	2	0			16	30	
	CH	16	16	4	2		19	19	0	21	298	0		0		13	285	92	0		161	2	0	5	20	8	7	2	8	1		0		999	
	Total	549	546	139	137		38	884	385	376	2,955	466		382		35	12,889	241	35		4,637	100	74	610	418	767	126	139	1,347	20		2	89	28,386	
	Row %	1.9%	1.9%	0.5%	0.5%		0.1%	3.1%	1.4%	1.3%	10.4%	1.6%		1.3%	0.0%	0.1%	45.4%	0.8%	0.1%		16.3%	0.4%	0.3%	2.1%	1.5%	2.7%	0.4%	0.5%	4.7%	0.1%		0.0%	0.3%	100.0%	
	EU-15	533	529	85	135		18	865	383	338	2,274	397		382		9	12,591	148	35		4,464	93	74	577	366	155	68	121	597	14		2	72	25,325	
	EU-13	0	1	50	0		1	0	2	15	305	69		0		13	9	1	0		9	5	0	28	32	604	49	9	740	5		0	1	1,948	
	EFTA	16	16	4	2		19	19	0	23	298	0		0		13	289	92	0		164	2	0	5	20	8	9	9	10	1		0	16	1,035	

* Blank: no data reported.

** BE: Moreover, in 2016 a total number of 21,103 PDs S2 were issued for more flexible parallel procedures, of which 18,981 PDs S2 related to the IZOM agreement.

*** DK: The number of issued S2 forms includes issued authorisations for scheduled treatment abroad according to both Regulation (EC) No 883/200 and the Danish legislation.

**** FR: The data only correspond to requests for a PD S2 processed at national level (by the 'Caisse nationale de l'assurance maladie / CNAMTS'). The requests for a PD S2 processed locally (by the 'Caisse primaire d'assurance maladie / CPAM'), which are the vast majority of PDs S2 issued, are not included.

Source PD S2 Questionnaire 2017

Table 2 Number of PDs S2 received, breakdown by competent Member State, 2016

		Member State of treatment																														Total		
		BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI		NO	CH
Competent Member State	BE		1	0	0		0	0	0	29		0	0		0	1,258	0	0	975	4	0		0	0	1	0	2	5	0	0	0	22	2,297	
	BG	66		0	0		0	0	0	7		0	0		0	10	2	0	1	50	0		0	0	0	0	6	5	0	0	0	17	164	
	CZ	1	0		0		1	0	0	1		0	0		0	0	5	0	13	4	1		0	0	7	0	0	0	0	0	5	38		
	DK	9	0	0			0	0	0	8		0	0	0	0	0	0	0	5	0	0		2	0	0	0	0	83	11	0	0	0	3	121
	DE	87	3	60	5		0	0	93	96		66	0		2	98	32	0	1,212	4,717	59		0	11	21	5	3	7	0	0	2	4,380	10,959	
	EE	0	0	0	0			0	0	1		0	0		0	0	0	0	1	0	1		0	0	0	6	0	5	0	0	0	1	15	
	IE	1	0	0	0		0		0	12		0	0		0	0	1	0	4	3	0		0	0	0	0	25	946	0	0	0	19	1,011	
	EL	24	0	6	0		0	0	0	1		0	0		0	0	0	0	0	42	0		0	0	1	0	3	36	0	0	0	0	113	
	ES	10	0	2	0		0	0	0			0	0		1	2	4	0	0	6	5		0	0	1	2	26	7	1	0	2	21	90	
	FR	15,958	0	2	2		0	0	1	168		0	0		0	256	3	0	0	2	1		0	0	2	0	0	5	0	0	0	742	17,142	
	HR	15	0	33	0		0	0	0	2			0		0	0	16	0	3	221	0		0	28	0	0	0	1	0	0	0	0	319	
	IT	141	0	4	1		0	0	2	26		0	0		0	0	0	0	7	137	0		0	0	1	0	18	33	0	0	0	1,725	2,095	
	CY	1	0	0	0		0	0	0	0		0	0		0	0	0	0	0	11	0		0	0	0	0	0	22	0	0	0	0	34	
	LV	2	0	0	0		47	0	0	0		0	0		41	0	0	0	7	0	1		0	0	0	1	2	3	0	0	0	6	110	
	LT	1	0	1	1		1	0	0	2		0	0			0	0	0	0	0	6		0	0	0	0	1	0	0	0	0	12	25	
	LU	3,449	0	2	0		0	0	1	6		0	0		0		0	0	23	11	0		0	1	0	1	1	2	0	0	0	251	3,748	
	HU	1	0	7	0		0	0	0	1		0	0		0	0	0	0	0	48	0		0	0	5	0	1	0	0	0	0	78	141	
	MT	0	0	0	0		0	0	0	0		0	0		0	0	0	0	1	0	0		0	0	0	0	0	0	0	0	0	0	1	
	NL	1,026	0	7	2		0	0	2	47		0	0		0	1	5	0		21	4		0	0	0	0	0	0	12	0	0	0	37	1,164
	AT	2	0	5	0		0	0	0	3		1	0		0	0	44	0	5		1		0	0	2	0	0	9	0	0	0	150	222	
	PL	2	0	5	0		0	0	0	1		0	0		0	0	3	0	2	6			0	0	0	0	0	16	4	0	0	3	42	
	PT	0	0	0	1		0	0	0	23		0	0		0	0	0	0	0	0	0		0	0	0	0	0	2	0	0	0	13	39	
	RO	20	0	2	0		0	0	0	22		0	0		0	0	127	0	9	55	0			0	0	0	0	2	1	0	0	1	10	249
	SI	4	0	22	0		0	0	0	2		7	0		0	0	0	0	2	94	0		0		0	0	0	3	0	0	0	20	154	
	SK	1	0	750	0		0	0	0	5		0	0		0	0	30	0	0	48	0		0	2		0	0	2	0	0	0	8	846	
	FI	2	0	0	2		24	0	0	2		0	0		0	1	0	1	0	3	0		0	0	0		11	2	0	0	3	7	58	
	SE	1	0	0	6		0	0	0	16		0	0		0	0	2	0	1	1	1		0	0	0	4		3	3	0	1	5	44	
	UK	39	1	198	1		1	0	4	127		1	0		23	1	18	0	9	10	172		2	0	97	0	35			0	0	11	750	
	IS	0	0	4	2		0	0	0	1		0	0		0	0	0	0	0	1	2		0	0	0	0	0	0	0	0	0	1	11	
	LI	0	0	0	0		0	0	0	0		0	0		0	0	0	0	0	1	0		0	0	0	0	0	0	0		0	34	35	
	NO	1	0	0	1		0	0	0	6		0	0		0	0	3	0	1	1	0		0	0	0	1	3	0	1	0		0	18	
	CH	2	0	0	1		0	0	0	5		0	0		0	0	0	0	0	11	1		0	0	0	0	0	0	0	0	0	0	20	
	Total	20,866	5	1,110	25		74	0	103	620	8,611	75	0		67	1,627	295	1	2,281	5,508	255		4	42	138	20	238	1,126	5	0	9	7,581	50,686	
	Row %	41.2%	0.0%	2.2%	0.0%		0.1%	0.0%	0.2%	1.2%	17.0%	0.1%	0.0%		0.1%	3.2%	0.6%	0.0%	4.5%	10.9%	0.5%		0.0%	0.1%	0.3%	0.0%	0.5%	2.2%	0.0%	0.0%	0.0%	15.0%	100.0%	
	EU-15	20,749	5	286	20		25	0	103	564	n.a.	68	0		26	1617	109	1	2241	4957	243		4	12	126	12	207	1,080	4	0	8	7,386	39,853	
	EU-13	114	0	820	1		49	0	0	44	n.a.	7	0		41	10	183	0	39	537	9		0	30	12	7	28	46	0	0	1	160	2,138	
	EFTA	3	0	4	4		0	0	0	12	n.a.	0	0		0	0	3	0	1	14	3		0	0	0	1	3	0	1	0	0	35	84	

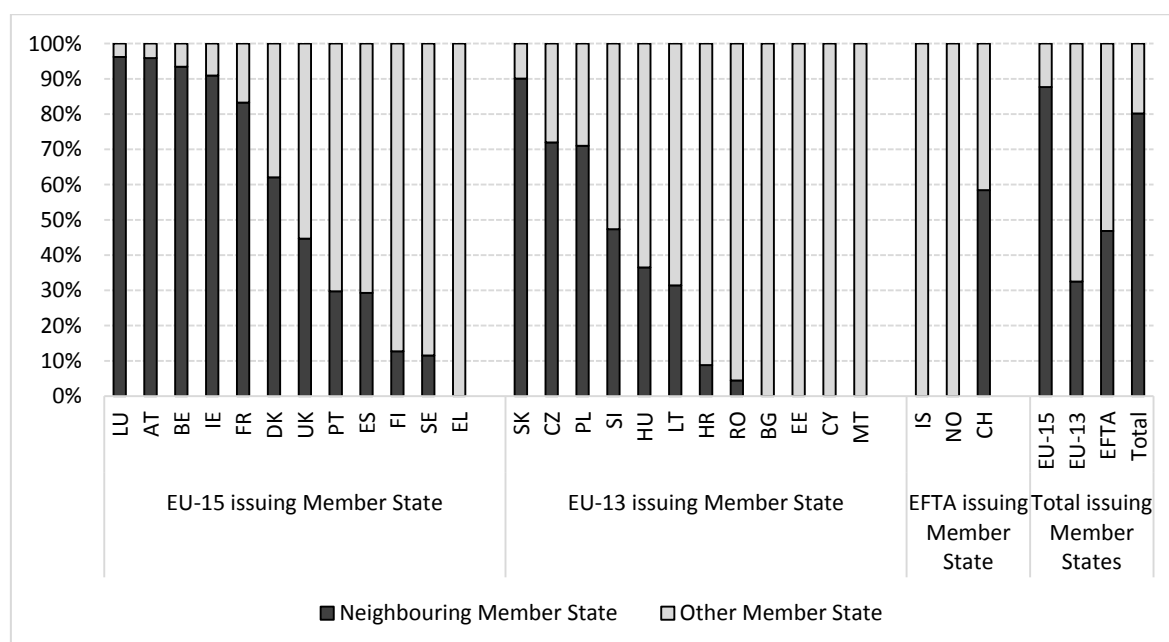
* Blank: no data reported.

Source PD S2 Questionnaire 2017

Different push and pull factors may have an impact on the decision of patients to seek authorisation for scheduled treatment abroad. Push factors, for instance when the treatment cannot be provided within a medically justifiable time limit, or the lack of treatment facilities or expertise in the competent Member State for treatments which are covered by the provisions of its legislation, may influence the decision to grant a PD S2. In addition, multiple pull factors are thinkable to receive a scheduled treatment in one particular Member State (e.g. proximity, familiarity, language knowledge, availability, medical expertise/quality, affordability in terms of reimbursement rates and out-of-pocket expenses etc).

The assessment of potential push and pull factors falls outside the scope of this chapter. Nonetheless, based on the current quantitative input, the importance of proximity could be verified. *Figure 1* illustrates the percentage of PDs S2 issued by and received from a neighbouring Member State. Roughly 80% of the PDs S2 are issued to receive a scheduled treatment in a neighbouring Member State. At the same time, only 33% of the PDs S2 issued by the EU-13 Member State are for treatment in a neighbouring Member State, compared to 88% of the PD S2 issued by the EU-15 Member States. Luxembourg, Austria, Belgium and Ireland have issued more than 90% of the PDs S2 to receive a scheduled treatment in a neighbouring Member State.

Figure 1 Number of PDs S2 issued, percentage breakdown by neighbouring Member State or not, 2016



Source PD S2 Questionnaire 2017

Planned cross-border healthcare as share of the total insured population

The absolute figures on prior authorisations for planned cross-border healthcare can be compared with the total number of insured persons in the reporting Member States concerned in order to calculate the relative frequency of patients exercising their rights for accessing cross-border planned healthcare (*Table 3*). In 2016 approximately 10 out of 100,000 insured persons received a PD S2. A rather high patient mobility to receive planned healthcare abroad can be observed for persons insured in

Luxembourg (15 out of 1,000 insured persons). In Germany, which has issued a high number of PDs S2, on average 15 in 100,000 persons have received a PD S2.

From the perspective of the Member States of treatment, mainly Belgium and Luxembourg received a high number of patients who are entitled to receive planned healthcare on the basis of a PD S2 compared to the number of persons insured in both Member States (*Table 4*).

Table 3 The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by issuing Member State, 2016

MS	Number of insured persons (A)	Number of PD S2 issued (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	11,352,235	549	0.005%	5
BG	6,089,254	546	0.009%	9
CZ	10,461,983	139	0.001%	1
DK	5,700,000	137	0.002%	2
DE	70,728,389	10,959	0.015%	15
EE	1,237,277	38	0.003%	3
IE	4,700,000	884	0.019%	19
EL	6,813,926	385	0.006%	6
ES	48,168,523	376	0.001%	1
FR	66,449,362	2,955	0.004%	4
HR	4,189,493	466	0.011%	11
IT				
CY	630,000	382	0.061%	61
LV				
LT	2,939,717	35	0.001%	1
LU	869,953	12,889	1.482%	1,482
HU	4,114,000	241	0.006%	6
MT	403,480	35	0.009%	9
NL				
AT	8,841,390	4,637	0.052%	52
PL	35,030,191	100	0.000%	0
PT				
RO	17,130,940	610	0.004%	4
SI	2,189,106	418	0.019%	19
SK	5,147,408	759	0.015%	15
FI	5,508,045	126	0.002%	2
SE	7,841,769	139	0.002%	2
UK	64,875,165	1,347	0.002%	2
IS	340,847	20	0.006%	6
LI	38,982	0	0.000%	0
NO				
CH	8,200,000	89	0.001%	1
Total	399,991,435	39,269	0.010%	10

* Figures are calculated by dividing the number of PDs S2 issued by the number of insured persons.

** Total: selection of the Member States of which the number of insured persons is available.

*** DE: estimated on the basis of *Table 2*.

**** BE: in case the 21,103 PDs S2 issued for the more flexible parallel procedures are taken into account, some 19 out of 10,000 insured persons in Belgium received planned cross-border healthcare in 2016.

Source EHIC and PD S2 Questionnaire 2017

Table 4 The percentage of insured persons entitled to receive planned cross-border healthcare on the basis of a prior authorisation, by Member State of treatment, 2016

	Number of insured persons (A)	Number of PD S2 received (B)	Share of insured population (B/A)*	in 100,000 insured persons*
BE	11,352,235	20,866	0.184%	184
BG	6,089,254	5	0.000%	0
CZ	10,461,983	1,110	0.011%	11
DK	5,700,000	25	0.000%	0
DE	70,728,389	14,099	0.020%	20
EE	1,237,277	74	0.006%	6
IE	4,700,000	0	0.000%	0
EL	6,813,926	103	0.002%	2
ES	48,168,523	620	0.001%	1
FR	66,449,362	8,611	0.013%	13
HR	4,189,493	75	0.002%	2
IT				
CY	630,000	0	0.000%	0
LV				
LT	2,939,717	67	0.002%	2
LU	869,953	1,627	0.187%	187
HU	4,114,000	295	0.007%	7
MT	403,480	1	0.000%	0
NL	16,825,883	2,281	0.014%	14
AT	8,841,390	5,508	0.062%	62
PL	35,030,191	255	0.001%	1
PT				
RO	17,130,940	4	0.000%	0
SI	2,189,106	42	0.002%	2
SK	5,147,408	138	0.003%	3
FI	5,508,045	20	0.000%	0
SE	7,841,769	238	0.003%	3
UK	64,875,165	1,126	0.002%	2
IS	340,847	5	0.001%	1
LI	38,982	0	0.000%	0
NO				
CH	8,200,000	7,581	0.092%	92
Total	416,817,318	64,776	0.016%	16

* Figures are calculated by dividing the number of PDs S2 received by the number of insured persons.

** Total: selection of the Member States of which the number of insured persons is available.

Source EHIC and PD S2 Questionnaire 2017

Evolution of the number of PDs S2 issued and received

The data for reference year 2016 can be compared with previous years to look into developments in terms of number of persons accessing planned healthcare abroad. The evolution of these numbers could be considered as a first tentative indicator to measure the impact of Directive 2011/24/EU on the number of PDs S2 issued. However, the assessment of such potential impact is only possible in the longer term and based on more in-depth input from Member States. Therefore, the opinion of Member States about the influence of Directive 2011/24/EU on the number of PDs S2 issued has been requested (see *Annex II*). Combining both the evolution of the number of PDs S2 issued and the qualitative input from Member States should result in a first assessment of the potential impact of Directive 2011/24/EU on the number of PDs S2 issued.

Directive 2011/24/EU was due to be transposed by the Member States by 25 October 2013.²⁸ Therefore the average number of prior authorisations issued in 2014 to 2016 is compared to the numbers in 2013.

Table 5 shows that the number of prior authorisations issued by the competent Member States on the basis of the provisions in Regulation (EC) No. 883/2004 remained rather stable. These results suggest that Directive 2011/24/EU had no direct impact on the number of PDs S2. This is confirmed by the qualitative input as most Member States believe that there is no such impact. This is the opinion of Bulgaria, Denmark, Estonia, Greece, Cyprus, Lithuania, Hungary, Malta, the Netherlands, Austria, Poland, Romania, Slovenia, Slovakia, Finland, Sweden, Liechtenstein and Norway. We cite the reply from Greece to explain why there is probably no impact of Directive 2011/24/EU: "even though more patients seek information regarding coverage for healthcare costs under Directive 2011/24/EU, they ultimately choose to apply for coverage under the S2 procedure, since the required treatment costs far exceed the patients' ability to cover them or even part of them". Moreover, as stated by Cyprus "patients prefer to use Regulation (EC) No. 883/2004 since they don't need to pay in advance any cost".

Only in a limited number of competent Member States the average number of prior authorisations by a PD S2 has declined considerably compared to 2013. This is particularly the case for Luxembourg, Italy and Belgium. Both Luxembourg and Belgium together with the Czech Republic and the United Kingdom believe that Directive 2011/24/EU had an impact on the number of PDs S2 issued. According to Belgium, the Czech Republic and the United Kingdom this could be explained by a stricter application of the EU rules on the coordination of social security systems. Notably, authorisation is only provided when the following two conditions are met: 1) the planned treatment is listed under benefits provided for under the legislation of the competent State; and 2) the treatment cannot be provided to the person concerned on the territory of the competent State within a time limit which is medically justifiable, taking into account his/her current state of health and the probable course of his/her illness.

²⁸ However, some Member States were late in its transposition.

Table 5 Percentage change of the number of PDs S2 issued and received, 2012-2016

	Issued						Received				
	2012	2013	2014	2015	2016	Average 2014-2016 compared to 2013	2012	2013	2014	2015	2016
BE	1,280	1,190	602	419	549	-667	4,019	3,318	11,932	12,383	20,866
BG	129	235	303	331	546	158	2	5	9	5	5
CZ	281	100	98	101	139	13	973	934	645	1,082	1,110
DK			161	72	137	123			19	25	25
DE											
EE		52	27	38		-20			42	49	
IE	847	683	622	636	884	31	8	4	7	12	0
EL	318	486	584	490	385	0			58	95	103
ES			428	399	376	401					620
FR					2,955						8,611
HR			450	485	466	467			103	107	75
IT	4,661	4,933	4,916	3,364		-793				202	
CY			282	383	382	349					
LV	156	174	237	196		43	1	0	0	0	
LT		74	81	35	35	-24		50	130	252	67
LU	17,765	17,538	15,991	15,282	12,889	-2,817	1,120	1,095	1,198	1,194	1,627
HU	300	334	151	270	241	-113	16	48	233	528	295
MT		33	21	21	35	-7				1	1
NL	5,050	5,745	4,126	3,297			4,782			3,516	2,281
AT			5,391	4,757	4,637				5,548	5,370	5,508
PL	118	88	79	108	100	8	241	408	413	451	255
PT	29	28	26	49	74	22					
RO	1,131	1,049	890	775	610	-291	2	2	0	0	4
SI			419	335	418	391			36	41	42
SK	730	769	803	770	767	11	353	292	64	102	138
FI	45	59	77	98	126	41	n.a.		16	21	20
SE	81		541	78	139	253	216		218		238
UK	1,126	1,216	1,350	1,410	1,347	153	1,491	1,080	1,092	1,023	1,126
IS					20	20			56	12	5
LI		261	220	10		-146			6	43	
NO			92	100	2	65				7	9
CH				124	89	107				7,715	7,581

Source Administrative data PD S2 Questionnaire 2017, 2016, 2015, 2014 and 2013

BUDGETARY IMPACT OF CROSS-BORDER PLANNED HEALTHCARE

For the first time detailed data on the budgetary impact of cross-border planned healthcare is collected by the 'PD S2 Questionnaire' launched within the framework of the Administrative Commission. *Table 6* provides an overview of the number of claims of reimbursement received and issued as well as the amount involved. In 2016 some 72,100 claims were received from a debtor's perspective and 91,500 claims were issued from a creditor's perspective. However, the real number of claims is higher as no data was provided by some Member States, such as Italy and Luxembourg. In absolute terms, the main debtors are Belgium, Germany²⁹, France, Austria and the Netherlands. However, also Luxembourg, which has not provided such figures, will be a main debtor taking into account the high number of PDs S2 issued. In relative terms, planned cross-border healthcare amounts to only 0.02% to 0.03% of total healthcare spending related to benefits in kind. From the perspective of the competent Member States, only in Cyprus (and probably also in Luxembourg) the share of

²⁹ The reported figures by Germany are an underestimation as no figures for all Member States of treatment are available.

planned cross-border healthcare in total healthcare spending related to benefits in kind is higher than 1%.

Also from the perspective of the Member States of treatment it is useful to know how high reimbursement claims are, as planned cross-border healthcare might put a pressure on the availability of medical equipment and services. By none of the reporting Member States an amount higher than 0.2% of total healthcare spending related to benefits in kind was claimed. Only for Austria and Switzerland this percentage amounts to 0.1%. The total amount of more than € 100 million claimed by Germany is 0.05% of total German healthcare spending related to benefits in kind.

In *Annex III* the individual claims of reimbursement received and issued between Member States are reported. The flow of the number of claims could be confronted with the flow of PDs S2 between Member States despite both are not fully comparable. Some main flows of claims of reimbursement could be identified between Member States of treatment and competent Member States, namely to a large extent from Germany to Belgium (as result of the IZOM-agreement), from Germany to Luxembourg and from Germany to Austria.

Table 6 Percentage change of the number of PDs S2 issued and received, 2012-2016

	Debtor			Creditor		
	<i>Forms</i>	<i>Amount (in €)</i>	<i>Share in total healthcare spending related to benefits in kind</i>	<i>Forms</i>	<i>Amount (in €)</i>	<i>Share in total healthcare spending related to benefits in kind</i>
BE	29,109	31,209,038	0.104%	5,098	21,262,548	0.071%
BG	7,873	6,821,588	0.355%	4	1,392	0.000%
CZ	111	387,062	0.005%	1,110	5,191,458	0.061%
DK	107	920,334	0.006%	37	181,257	0.001%
DE	10,594	23,544,866	0.010%	48,207	106,550,027	0.046%
EE	75	1,005,702	0.128%	134	196,545	0.025%
IE	737	9,510,119	0.083%			
EL	644	6,639,001	0.078%	34	4,770	0.000%
ES	973	1,027,293	0.002%	455	7,556,085	0.013%
FR	6,366	21,750,699	0.012%	8,611	36,884,044	0.021%
HR	510	6,612,245	0.246%	86	95,375	0.004%
IT						
CY	497	5,319,519	1.112%			
LV						
LT	183	1,141,238	0.086%	172	1,174,684	0.088%
LU						
HU	331	6,023,246	0.131%	850	1,070,530	0.023%
MT	4	760,059	0.190%			
NL	2,572	15,809,932	0.029%	3,639	7,459,776	0.014%
AT	6,258	18,319,495	0.087%	6,346	21,519,361	0.102%
PL	158	1,645,740	0.013%	619	519,826	0.004%
PT	81	32,069	0.000%			
RO	1,780	11,645,034	0.212%			
SI	204	2,308,331	0.098%	32	48,825	0.002%
SK	913	5,712,939	0.147%	294	120,811	0.003%
FI	55	339,688	0.003%	51	383,260	0.003%
SE				152	1,925,872	0.007%
UK	54	28,272	0.000%	840	8,217,112	0.005%
IS				5	11,726	0.001%
LI						
NO						
CH	1,942	2,186,368	0.007%	14,731	34,048,212	0.102%
Total	72,131	180,699,875	0.021%	91,507	254,423,494	0.03%

Source Administrative data PD S2 Questionnaire 2017 and EUROSTAT [spr_exp_fsi]

EVALUATION OF THE REQUEST FOR PRIOR AUTHORISATION AND REASONS FOR REFUSAL

About 4,400 requests for prior authorisation for treatment abroad (PD S2) were refused by the 22 Member States who could report such figures for 2016 (*Table 7*). Luxembourg (2,134 refusals) refused the highest number of requests (*in absolute values*) which is clearly correlated to the very high number of requests received compared to other Member States. In order to calculate the authorisation/refusal rate, these absolute values are confronted with the number of PDs S2 issued. In 2016, roughly 14% of the requests for a PD S2 were refused. This overall rate is strongly influenced by the refusal rate in Luxembourg. The overall refusal rate is higher compared to the last reporting years which might be an indicator for a more rigorous application of the EU rules on the coordination of social security systems as result of the implementation of the Directive 2011/24/EU. For instance, the average refusal rate between 2014 and 2016 in Belgium, the Czech Republic, Luxembourg and the United Kingdom is (much) higher compared to 2013.

Table 7 Number of PDs S2 requests refused and accepted, 2016

	Issued	Refused	Total	2016		% refused in		
				% accepted	% refused	2013	2014	2015
BE	549	297	846	64.9%	35.1%	23.5%	42.0%	46.6%
BG	546	18	564	96.8%	3.2%	7.5%	10.6%	9.8%
CZ	139	66	205	67.8%	32.2%	20.0%	33.8%	41.6%
DK	137	21	158	86.7%	13.3%	n.a.	0.0%	7.7%
DE								
EE						10.3%	10.0%	9.5%
IE	884	25	909	97.2%	2.8%	3.7%	6.2%	7.4%
EL	385	19	404	95.3%	4.7%	6.5%	1.8%	3.9%
ES								
FR	2,955	931	3886	76.0%	24.0%	n.a.	44.5%	n.a.
HR	466	76	542	86.0%	14.0%	n.a.	18.0%	15.1%
IT						2.1%	2.1%	4.2%
CY						n.a.	6.6%	n.a.
LV						7.0%	4.0%	6.2%
LT	35	3	38	92.1%	7.9%	0.0%	0.0%	23.9%
LU	12,889	2,134	15,023	85.8%	14.2%	3.4%	4.9%	4.9%
HU	241	67	308	78.2%	21.8%			22.6%
MT	35	0	35	100.0%	0.0%	0.0%	0.0%	0.0%
NL								1.3%
AT	4,637	361	4,998	92.8%	7.2%	n.a.	3.7%	5.6%
PL	100	11	111	90.1%	9.9%	21.4%	19.4%	10.7%
PT	74	13	87	85.1%	14.9%	28.2%	27.8%	10.9%
RO	610	44	654	93.3%	6.7%	3.1%	4.5%	7.1%
SI	418	27	445	93.9%	6.1%		8.3%	4.8%
SK	767	24	791	97.0%	3.0%	7.0%	5.9%	7.6%
FI	126	113	239	52.7%	47.3%	57.9%	57.5%	49.7%
SE						n.a.	35.5%	n.a.
UK	1,347	60	1407	95.7%	4.3%	0.5%	3.9%	4.4%
IS								n.a.
LI						0.0%	0.0%	0.0%
NO	2	34	36	5.6%	94.4%	n.a.	54.0%	47.9%
CH	89	49	138	64.5%	35.5%			20.5%
Total	27,431	4,393	31,824	86.2%	13.8%		8.2%	7.0%

Source Administrative data PD S2 Questionnaire 2017, 2016, 2015 and 2014

In addition to the number of refused requests for prior authorisation, the reporting Member States were also invited to indicate the reasons for refusal of the prior authorisation: whether the request was refused due to the fact that the treatment

sought by the patient was not included in the services provided under the legislation of the competent Member State, if it was refused because it could be provided within a medically justifiable time limit in the competent Member State, or due to other reasons.

Table 8 Reasons for refusal to issue a PD S2, 2016 (as a percentage of the total number of refused requests)

	Number of refusals	The care in question is not included in the services provided for by the legislation of the MS	The care in question may be delivered within a medically acceptable period in the competent MS	Other circumstances
BE	297	13.5%	37.0%	49.5%
BG	18	0.0%	100.0%	0.0%
CZ	66	10%	80%	10%
DK	21	4.8%	76.2%	19.0%
DE				
EE				
IE	25	8.0%	72.0%	20.0%
EL	19	0.0%	100.0%	0.0%
ES				
FR	931	7.2%	50.9%	41.9%
HR	76	36.8%	36.8%	26.3%
IT				
CY				
LV				
LT	3	0.0%	0.0%	100.0%
LU	2,134	5.0%	10.0%	85.0%
HU	67	0.0%	19.4%	80.6%
MT	0			
NL				
AT	361	5.0%	81.7%	13.3%
PL	11	18.2%	63.6%	18.2%
PT	13	0.0%	76.9%	23.1%
RO	44	15.9%	18.2%	65.9%
SI	27	55.6%	33.3%	11.1%
SK	24	20.8%	33.3%	45.8%
FI	113	11.5%	76.1%	12.4%
SE				
UK	60	26.7%	55.0%	18.3%
IS				
LI				
NO	34	2.9%	70.6%	26.5%
CH	46	23.9%	71.7%	4.3%
Unweighted average		13%	55%	32%

Source Administrative data PD S2 Questionnaire 2017

The fact that care may be delivered within a medically justifiable period in the competent Member State explains 55% of refusals (unweighted average) (*Table 8*). This was the main reason for most of the Member States (Bulgaria, the Czech Republic, Denmark, Ireland, Greece, France, Croatia, Austria, Poland, Portugal, Finland, the United Kingdom, Norway and Switzerland).

On average (unweighted) 32% of refusals were caused by circumstances other than the fact that treatment was not included in the services provided for by the legislation of the competent Member State or that it could be provided within a medically justifiable period in that country. Belgium, Lithuania, Luxembourg, Hungary, Romania, Slovakia indicated 'other reasons' to refuse most of the applications. Most cited reason

by the reporting Member States was that the request was not sufficiently motivated/documentated (missing diagnosis, additional medical information not provided, missing explanation about the planned treatment, missing reason why the treatment is not provided in the competent Member State). Other reasons are that the requested treatment is provided by a private healthcare provider or that the care in question was already provided.

Finally, on average 13% of the requests were refused by the reporting competent Member States because the care in question was not included in the services provided for by their legislation. For Slovenia this was the most frequent reason to refuse requests.

Table 9 Care (not) included in the services provided for by the national legislation, 2016

	Care included in the services provided by the legislation of your MS	Care not included in the services provided by the legislation of your MS
BE	100.0%	0.0%
BG	100.0%	0.0%
CZ	12.2%	87.8%
DK	3.6%	96.4%
DE		
EE		
IE	100.0%	0.0%
EL	100.0%	0.0%
ES		
FR	100.0%	0.0%***
HR	1.9%	98.1%
IT		
CY		**
LV	100.0%	0.0%
LT	100.0%	0.0%
LU		
HU	98.3%	1.7%
MT	100.0%	0.0%
NL		
AT	90.7%	9.3%
PL	100.0%	0.0%
PT*		
RO	100.0%	0.0%
SI	100.0%	0.0%
SK	100.0%	0.0%
FI	94.4%	5.6%
SE		
UK	80.0%	20.0%
IS		
LI		
NO	100.0%	0.0%
CH		

* PT: Of the 74 PDs S2 issued, 60 were issued by the health subsystem for civil servants which is not a provider. Portugal has no data available to confirm if the care was included or not in the services provided by the National Health Service, to which civil servants also have access.

** CY: The majority of PDs S2 issued concerned care that is not included in the services provided by the National Health Scheme and the public hospitals of Cyprus.

*** FR: However, possible in exceptional cases.

Source Administrative data PD S2 Questionnaire 2017

Despite authorisation is only provided when, among others, the planned treatment is listed under benefits provided for under the legislation of the competent Member State some Member States also issue a PD S2 for care not included in the services provided by the legislation of the competent Member State.

Nonetheless, most of the reporting Member States issued PDs S2 exclusively for care that is included in the services provided for by their legislation (Belgium, Bulgaria, Ireland, Greece, Latvia, Lithuania, Malta, Poland, Romania, Slovenia, Slovakia and Norway) (*Table 9*). In the Czech Republic, Denmark and Croatia PDs S2 were issued almost exclusively for care that is not included in the services provided for by the legislation of these countries. However, this is due to the fact that national legislation in these three Member States also cover care not included in the services provided (see *Annex IV*). In exceptional cases, a PD S2 is issued by France for care not included in these services provided by the French legislation.

Table 10 Percentage of contested decisions to refuse to issue a PD S2, 2016

	2016			% contested in		
	Number of contested decisions (A)	Number of refusals (B)	% of contested decisions of the refusal (A/B)	2013	2014	2015
BE				n.a.	1.8%	n.a.
BG	6	18	33.3%	15.8%	33.3%	25.0%
CZ	12	66	18.2%	24.0%	20.0%	8.3%
DK	3	21	14.3%	n.a.	0.0%	0.0%
DE						
EE					0.0%	0.0%
IE	7	25	28.0%	15.4%	29.3%	17.6%
EL	10	19	52.6%	25.0%	45.5%	0.0%
ES						
FR	105	931	11.3%			
HR	17	76	22.4%			16.3%
IT						14.1%
CY				n.a.	15.0%	n.a.
LV				15.4%	10.0%	0.0%
LT				n.a.	0.0%	0.0%
LU	41	2,134	1.9%	9.1%	app. 12%	5.7%
HU	4	67	6.0%	42.3%	17.0%	6.3%
MT						
NL						11.9%
AT	6	361	1.7%			1.4%
PL	2	11	18.2%	n.a.	26.3%	15.4%
PT	2	13	15.4%	0.0%	0.0%	0.0%
RO	3	44	6.8%	0.0%	2.4%	3.4%
SI	5	27	18.5%		28.9%	41.2%
SK	13	24	54.2%	20.7%	2.0%	34.9%
FI	12	113	10.6%	15.8%	17.3%	12.4%
SE					3.0%	n.a.
UK	8	57	14.0%			4.6%
IS						n.a.
LI						n.a.
NO					27.8%	6.5%
CH	3	46	6.5%			9.4%
Weighted average	259	4053	6.4%		10.7%	8.4%
Unweighted average			18.5%			

Source Administrative data PD S2 Questionnaire 2017

The 18 Member State which have been able to provide figures on the number of contested decisions received 259 contestations following the refusal to issue a PD S2 (*Table 10*). On average 6% of the decisions to refuse a request were contested, which is strongly influenced by the figures of France. The unweighted average amounts to

19%. Especially Slovakia (54%) and Greece (53%) show a high percentage of contested decisions to refuse authorisation.

PARALLEL SCHEMES

Alongside the procedures determined by the EU rules (Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009, along with Directive 2011/24/EU), several Member States reported the existence of parallel procedures (BE, CZ, DK, EL, FR, HR, HU, IT, MT, AT, PL, PT, FI and SE) (*Annex IV*). These parallel procedures are mostly the result of provisions in national legislation (e.g. reported by CZ, DK, EL, FR, HR, HU, AT, PL and PT) or in (bilateral) agreements (for instance IZOM, ZOAST, agreement between Sweden, Norway and Finland for persons living in border areas).

The volume of these parallel schemes (in terms of number of treatments provided abroad) is, however, only available for a number of countries. For Belgium, patient flows abroad are much larger under such parallel schemes. A total of 21,103 PDs S2 were issued to the more flexible procedures, of which already 18,981 within the IZOM-agreement (agreement between Germany, The Netherlands and Belgium). This explains the high number of reimbursement claims from Germany to Belgium. Furthermore, Portugal reported that 387 patients were authorised to receive treatment abroad under its national legislation (compared to only 74 PDs S2 issued in 2016).

ANNEX I INFORMING PATIENT AND HEALTHCARE PROVIDERS ON PLANNED HEALTHCARE ABROAD

Table A1.1 Steps taken to inform patients and healthcare providers on planned healthcare abroad under Regulation (EC) No 883/2004 and Directive 2011/24/EU, 2016

MS	Description
BE	The National Contact Point for Cross-Border Healthcare provides general information on the access to and reimbursement of cross-border healthcare, both planned and unplanned, and this both under the terms of the Regulations (EC) 883/2004 and 987/2009 and the Directive 2011/24/EU. However, if an insured person (patient) wishes to receive a personal advice on his/her individual case, they have to contact their health insurance fund.
BG	
CZ	No new measures were introduced.
DK	Information on planned healthcare abroad is published on the websites of both the Danish Patient Safety Authority, International health Insurance, which is the Danish liaison body and the national coordinating contact point, and the websites of the five regional contact points in Denmark. The regional patient advisors and International Health Insurance also provide guidance per email or phone to patients, health providers etc. about the opportunities for planned healthcare abroad under the terms of the Regulation 883/2004 and the Directive 2011/24.
DE	
EE	When the Directive 2011/24/EU on patients' rights in cross-border healthcare was implemented then we introduced this opportunity and at the same time the differences between possible opportunities to get reimbursement for the treatment abroad. We have information about these opportunities and differences related to them available on our website and we provide information via phone and through our customer service.
IE	Details of the S2 scheme and the Directive have been provided to all acute hospitals within the state. Numerous presentations have been given including to the ICGP and various patient advocacy groups on both the S2 scheme and the Directive. Details of both schemes are available on the Health Service Executive website including a comparison of the differences between both schemes when seeking access to planned care abroad.
EL	An informational process is in place when then patient applies for coverage. Relevant information has been uploaded to EOPYY's website.
ES	
FR	
HR	There is detailed information about using the entitlements both under the Regulation 883/04 and Directive 2011/824/EU on web site of Croatian Health Insurance Fund. Also, all employees are instructed to give detailed information to concerned patients, and inform them about their rights and differences in Regulation 883/04 and Directive 2011/24/EU.
IT	
CY	Through the website of Cyprus National Contact Point, 2) Through the website of Cyprus Ministry of Health, 3)Patients' Associations conferences/seminars: Presentations by the NCP, round tables, open sessions for questions, 4)By phone, in written after a written request, personal meetings with interested patients
LV	
LT	The information about the opportunities for planned healthcare abroad is published on the web pages of the National Health Insurance Fund (NHIF) and National Contact Point for Cross-border healthcare. This information is updated on the regular basis. At the same time, the information is constantly spread by using different mass communication measures and methods
LU	No new measures were introduced. While handling the cases of planned healthcare, the CNS informs regularly the healthcare providers and patients about the 2 different schemes.
HU	There is a very detailed information leaflet on the homepage of the NHIF.
MT	A Detailed explanation is given to all interested citizens on matters pertaining to the Regulation and the Directive. Basic differences between the two routes are explained. Citizens are also advised on the procedures that require prior-authorisation and how to go about organising this together with the reimbursement procedure. A new explanatory note on S2 Medical Route was uploaded on Website www.ehic.gov.mt . There is ongoing collaboration with patient and lay public representative groups (namely the Malta Health Network) to disseminate information on Cross-Border Healthcare while the same groups as well as medical personnel were addressed in two seminars during 2016.
NL	At National level information is given by the NCP: www.cbhc.nl Insurance companies inform their clients by the policy conditions and on their websites.
AT	Personal advice to patients in case of need; Provision of guidebooks and information brochures
PL	All information on planned medical treatment abroad is available on the website http://www.nfz.gov.pl/dla-pacjenta/nasze-zdrowie-w-ue/
PT	
RO	The persons presenting to NHIH / the competent institutions in Romania in order to obtain information on the possibility of performing medical treatment abroad are continuously and constantly advised by the persons with specific attributions within these institutions, explaining the conditions within they can recover the paid amounts abroad for certain medical services. They also have the opportunity to obtain Form S2 and they get explanations for the differences of the material costs involved in the two procedures. Specific information is displayed on the websites of the competent institutions / NHIH and there were made press releases. Specific information was also brought to the attention of health service providers who are in a contractual relationship with competent institutions during the regular meetings.
SI	National Contact Point on cross-border healthcare daily provides information about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU. Information about the differences is also published as an answer to the question under most frequently asked questions on NCP's website.

MS	Description
SK	The basic principles including differences between these two legal opportunities are stipulated by national law and regulations. Each competent institution has been providing targeted information for its clients on its website as well as upon request in particular case tailor-made individual consultations via various communication channels. Furthermore the National Contact Point has been serving as a first point of contact for patients who intend to be treated abroad
FI	Kela (The Social Insurance Institution) provides information on seeking healthcare abroad with or without prior authorisation. Information is provided for patients and healthcare providers in Kela's website (www.kela.fi) and customer service in Kela's Centre for International Affairs. The Contact Point for Cross-Border Healthcare has an online service choosehealthcare.fi (hoitopaikanvalinta.fi) that provides information on the freedom of choice in cross-border healthcare. The online service provides information for patients and healthcare providers. The service is provided in cooperation with the Ministry of Social Affairs and Health, the National Institute for Health and Welfare and the Social Insurance Institution (Kela).
SE	Our most eminent goal for our patients is to simplify the process of applying for planned healthcare abroad. Therefore, we provide patients with application forms that offer three options how their applications regarding planned healthcare abroad can be investigated. The most beneficial alternative for the patient. Försäkringskassan investigates both the application under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU and decides which alternative is most beneficial for the patient. Försäkringskassan investigates the application under the terms of Regulation (EC) No 883/2004. Försäkringskassan investigates the application under the terms of Directive 2011/24/EU. The majority of our customers chooses the first alternative. Of course, Försäkringskassan also does provide more detailed information on our homepage about the difference between planned healthcare abroad in accordance with Regulation (EC) No 883/2004 and planned healthcare abroad in accordance with Directive 2011/24/EU.
UK	Comprehensive information is available for both patients (NHS Choices) and healthcare commissioners / providers (NHS Commissioner guidance). The NHS England NCP (Customer Contact Centre) and European team are also national contact points for patients, providers, commissioners, etc. for all types of queries and awareness raising.
IS	IHI do not issue S2 regarding cross-border
LI	We have a webpage and advise personally
NO	Information concerning the two opportunities directed towards patients is provided online, where the two opportunities each have their own information page. The information concerning planned healthcare on the basis of the Regulation is found under the title "Treatment in EU/EEA due to excessive waiting time in Norway" and clearly stresses the requirements established by art. 20 of Reg. 883/04. In addition, the page includes information on application procedure and processing time. The information concerning planned healthcare on the basis of the Directive is found under the title "Hospital treatment and other tertiary care in other EU/EEA countries. It includes detailed information on application procedures, what is covered, risks, travel expenses and information concerning the national contact point. For information directed towards healthcare providers, we publish online information on EEA Citizens coming to Norway for planned healthcare and also on how they can assist their patients in seeking planned treatment abroad.
CH	Directive 2011/24/EU is not applicable to Switzerland.

ANNEX II OPINION ON THE INFLUENCE OF DIRECTIVE 2011/24/EU ON THE NUMBER OF PDS S2 ISSUED

Table A2.1 Opinion on the influence of Directive 2011/24/EU on the number of PDs S2 issued, 2016

MS	Description
BE	<p>Further to the transposition of Directive 2011/24/EU, the legal framework regarding planned healthcare, including the issuing of a prior authorisation has been clarified. As a result a prior authorisation (document S2) is no longer issued for:</p> <ul style="list-style-type: none"> * outpatient care unless e.g. the conditions of article 20 of Regulation (EC) 883/2004 are met ; * healthcare that is not provided for by the Belgian compulsory healthcare insurance or if the reimbursement conditions are not met. <p>The numbers appear to confirm that Directive 2011/24/EU had an influence on the number of PDs S2 issued by the Belgian healthcare funds:</p> <ul style="list-style-type: none"> * we notice a sharp decline in the reference year 2014, i.e. 601 PDs S2 issued compared to 1.190 for the reference year 2013, * followed by another drop in the reference year 2015, i.e. 419 PDs S2, * but for the reference year 2016 we notice an increase, i.e. 549 PDs S2 (+ 13,1%). <p>Belgian healthcare funds do not issue a large number of prior authorisations under the terms of Directive 2011/24/EU (around 40 on a yearly basis), but we do notice an steady increase of the number of requests for reimbursements under the terms of Directive 2011/24/EU for which no prior authorisation is required.</p>
BG	No
CZ	Percentage of successful request for S2 dropped when the directive was implemented. Some of the competent institutions decided to issue S2 forms strictly only when the requirements of the Regulation are met. However total number of S2 forms issued in 2016 is even higher than in 2013/2014.
DK	We do not have any evidence that the Directive has affected the number of issued PD S2's. When a patient applies for a prior authorisation by the regional authorities in Denmark, the region must first evaluate the application after the Regulation, if the requested treatment is provided within the public healthcare system or by a healthcare provider, who has a contract with the public healthcare system in the member state of treatment and then after the Directive if authorisation cannot be issued according to the Regulation or the requested treatment is provided by a private healthcare provider.
DE	
EE	We have not noticed that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by our institution.
IE	
EL	No, because even though more patients seek information regarding coverage for healthcare costs under Directive 2011/24/EU, they ultimately choose to apply for coverage under the S2 procedure, since the required treatment costs far exceed the patients' ability to cover them or even part of them.
ES	
FR	
HR	No.
IT	
CY	The Directive 2011/24/EU on patients' rights in cross-border healthcare has not influenced the evolution of the number of PDs S2 in Cyprus. Patients have the right and prefer to use the Regulation 883/2004 for cross border healthcare since they don't need to pay in advance any cost.
LV	
LT	No.
LU	During the last part of 2016, the Luxembourgish national health fund (CNS) incited many patients that sought planned cross-border healthcare to make use of the Directive 2011/24/EU instead of the Regulation (EC) No 883/2004. A number of patients asking to go abroad for care not mandatorily subject to prior authorization and not having a very detailed, medically motivated request, was not given a PD S2 but invited to use the scheme of the Directive 2011/24/EU. Thus the number of PD S2 has decreased by approximatively 2000.
HU	There have been no requests for PD S2 under the scope of the Directive in the reference year.
MT	It is apparent that the Directive has not influenced the number of S2 queries or applications and issuance thereof.
NL	No, there are no indications for that.
AT	Directive 2011/24 / EU had no impact on the S2 process.
PL	Directive 2011/24/EU did not influence on increase on the number of issued PDs S2.
PT	
RO	No.
SI	We do not have any evidence, so we cannot give an answer on the impact of the Directive 2011/204/EU on the issuance of S2. We can just predict that implementation of Directive has lower the number of issued S2.
SK	In year 2016 the Slovak competent institutions did not register significant change in evolution of the PD S2 forms, the total figure per years 2015 and 2016 achieved comparable values (770 and 767). The positive progress was proven by share of issued authorisations on total number of the applications, which reached the 96.6 % in year 2016. We have registered the increased interest of the Slovak insured persons to render cross-border healthcare in the other EU MSs under Directive 2011/24/EU mainly as regards the out-patient services at border regions and specialized healthcare not provided in Slovakia. The number of requests for reimbursement increased by 62.3 % in year 2016 compared to year

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	2015 and equaled to 6,044 cases.
FI	The number of issued S2's has increased evenly - approximately 30 percent per year (2012: 45, 2013: 59, 2014: 76, 2015: 98, 2016: 126). In addition, the number of patients applying S2's has increased (2012: 94, 2013: 140, 2014: 181, 2015: 197, 2016:246). In Finland, dental care has always been the care that patients mainly seek abroad under directive 2011/24/EU (without prior authorisation). Nevertheless, there is only few cases where PD S2 was issued for dental care. There has not been any specific legislative or administrative change in Finland that has influenced the evolution of the number patients applying S2. Nor is there any evidence that that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PD's S2.
SE	No, there is no such evidence.
UK	NHS England (with agreement of DH) changed the implementation of the S2 guidance in May 2016, to enforce criteria that had not been previously routinely applied (namely availability of treatments on the NHS and Undue Delay). This, along with the Directive, has resulted in the number of S2s approved for planned (non-maternity) treatments reducing year on year.
IS	
LI	No
NO	We have no such evidences. In previous years we issued very few S2 with the exceptions of S2 for childbirth in cases where the criteria for entitlement as established by the Regulations were not fulfilled. When hospital stay on the basis of the Directive entered into force in Norway we have stopped issuing S2 for such cases of childbirth, opting to use the reimbursement procedures that resulted from the introduction of the Directive. With this, we have seen a reduction in the number of S2 issued each year, but the number of S2 issued each year where the criteria were actually fulfilled has been stable.
CH	Directive 2011/24/EU is not applicable to Switzerland.

ANNEX III REIMBURSEMENT CLAIMS BETWEEN MEMBER STATES

Table A3.1 Number of claims received by the competent Member State for the payment of planned healthcare received abroad by persons with a PD S2, 2016

Competent Member State (Debtor)																																		
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total	
Member State of treatment (Creditor)	BE	903		7	160		6	28	34	0	7		3		3				1,586	6	6		38	9	1							5	2,802	
	BG				1				37	0										0	0		0	0									38	
	CZ		0		68			5	1	1	28				1		4			31	8		1	17	752	1						3	921	
	DK		0		0				8	14										170	0		0	0									192	
	DE	22,758	6,001	37	26		37	33	141	213	1,363	193		451		30		42	19	766	5,792	97	17	439	53	70	36	21				1872	40,507	
	EE		0	1	2	n.a.				1	0				2					0	0		0	0		12	5						23	
	IE		0			n.a.				12	0								3	0	0		0	0									15	
	EL		0			68				1	0								53	0	0		0	0									122	
	ES	34	0	1	1	213		2			226									6	0	0		29	2	5							7	526
	FR	3,175	122		18	162	2		86	224		17		4		1		7		4	4	3		150	36	10		2				12	4,039	
	HR		0			105				2	0										0	0		0	4									111
	IT	3	0	1	2	41			210	42	22	25		22					6		4	1	1	107	39	2							5	533
	CY		0			n.a.				0	0									5	0	0		0	0									5
	LV		0			n.a.				0	0										0	0		0	0									0
	LT		0			1				2	0										0	0	1	0	0									4
	LU	1,398	0			156				14	501										0	0		0	0									2,069
	HU	2	0	4		98				1	5	13									14	0		595	0	56		26						814
	MT		0							0	0									4	0	0		0	0									4
	NL	1,706	0	16		2,512		7		51	27	9				12					11	1	44	12	3	1							1	4,413
	AT		563			59			159	4	50	193				1		182			0	15	18	389	7							35	1,675	
	PL		0			130		3		1	1					16					0	0		0	0								2	153
	PT		0			5				33	51									1	0	0		0	0									90
	RO		0			n.a.				31	0									10	0	0		N/A	0									41
	SI		0			9				2	0	24									0	0		0										35
	SK	1	0	42		29			1	5	4										48	0		0	0									130
	FI		0			n.a.	17			3	0										0	0		0	0									20
	SE		0		47	14		35	6	18	0	1									0	10		1	0	1								133
	UK		90	2		n.a.	10	595	8	219	0			17		9				50	9	7		3	0	6	3							1,028
	IS		0			n.a.				1	0									7	0	0		0	0									8
	LI		0			n.a.				0	0									2	0	0		0	0									2
	NO		0			n.a.				6	0									1	0	0		1	0									8
	CH	32	194	7	4	6,763	9	56		7	4101					108	96			80	163	10		15	34	9	3							11,691
	Total	29,109	7,873	111	107	10,594	75	737	644	973	6,366	510		497		183	331	25	2,572	6,258	158	81	1,780	204	913	55	54					1,942	72,152	

* Blank: no data reported. - n.a.: no data available

Source PD S2 Questionnaire 2017

Table A3.2 Amount to be paid by the competent Member State for planned healthcare received abroad by persons with a PD S2, 2016

	Competente Member State (Debtor)																																
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
BE		1,101,786		17,137	406,688		46,947	113,168	14,039	0	16,897		31,277		2,805				6,388,013	13,668	7,523		285,702	20,167	2,377							29,587	8,497,781
BG					1,039				5,372	0													0									29,587	6,411
CZ		0			19,345			61,135	1,372	540	36,646				944		62,617			3,482	256,763		19,300	191,513	4,004,530	14					2,107	4,660,308	
DK		0							859	6,544										146,493			0										153,896
DE	17,611,571	4,309,833	194,841	282,715		282,857	251,935	1,288,500	202,102	7,460,769	2,623,942	5,162,472		417,800		759,587	688,010	5,174,571	16,338,454	1,060,801	7,917	5,111,578	565,577	1,413,346	278,895	15,433				1,892,617	73,396,125		
EE		0	1,288	1,468	n.a.				126	0					4,403								0				7,389	2,477					17,151
IE		0			n.a.				2,602	0									5,110				0										7,712
EL		0			43,811				126	0									471,165				0										515,102
ES	14,039	0	1,371	75	202,102		225		0	159,462										25,354			22,761	1,972	803						753	428,918	
FR	5,825,430	513,253		218,488	1,070,067	6,238		1,403,697	159,360		293,920	51,499		10,387		24,862			477	162,705	76,357		1,345,854	986,359	59,226		323				126,750	12,335,253	
HR		0			106,675				120	0														2,432									109,227
IT	13,985	0	8,524	7,278	73,247			1,754,793	19,865	72,322	340,813	27,474						67,579		2,327	19,587	160	1,178,051	224,463	8,091						31,146	3,849,705	
CY		0			n.a.				0	0									17,330				0										17,330
LV		0			n.a.				0	0													0										0
LT		0			28				408	0												360	0										795
LU	3,151,094	0			294,483				5,753	4,262,331													0										7,713,660
HU	591	0	9,786		207,728				126	1,089	36,800										99,650			530,291		43,785		10,039					939,885
MT		0							0	0									359				0										359
NL	3,569,022	0	16,167		2,458,867		44,145		64,309	1,310,785	363,065				26,947					16,064	1,110	13,828	451,940	16,198	111						7,032	8,359,590	
AT		459,032			27,645			1,505,633	549	75,766	2,852,490				821	4,130,090					52,056	9,805	2,323,144	41,734							79,085	11,557,850	
PL		0		102,479			1,741		250	66					217,676								0									17,290	339,503
PT		0			510				45,521	25,461									585				0										72,077
RO		0			n.a.				23,067	0									1,023,070														1,046,137
SI		0			7,886				1,972	0	43,460												0										53,318
SK	2	0	45,321		5,569			11,458	803	341										1,336			0										64,830
FI		0			n.a.	306,681			2,193	0													0										308,874
SE		0		313,111	609,638		2,764,110	470,973	9,013	0	4,212										92,235		38,519		5,139							4,306,950	
UK		166,592	55,332		n.a.	325,744	6,171,171	29,643	464,986	0		46,797		91,087					62,150	44,970	29,818		115,022		85,723	21,199							7,710,235
IS		0			n.a.				62	0									759,645				0										759,707
LI		0			n.a.				0	0									1,214,751				0										1,214,751
NO		0			n.a.				1,584	0									9,383				53,453										64,420
CH	1,023,305	271,092	54,432	80,061	17,907,061	84,182	229,844		753	8,375,220				368,367		1,046,089	4,470	683,324	1,464,992	49,490			169,418	257,917	89,808	32,191						32,192,016	
Total	31,209,039	6,821,588	387,062	920,334	23,544,866	1,005,702	9,510,119	6,639,001	1,027,293	21,750,699	6,612,245	5,319,519		1,141,238		6,023,246	760,059	15,809,932	18,319,495	1,645,740	32,069	11,645,034	2,308,331	5,712,939	339,688	28,272				2,186,368	180,699,876		

* Blank: no data reported. – n.a.: no data available.

Source PD S2 Questionnaire 2017

Planned cross-border healthcare

Table A3.3 Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S2 having received planned healthcare, 2016

Member State of treatment (creditor)																																	
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
Competent Member State (Debtor)	BE	0			24,673				6	3,249							2		1,706	6	0		0	2		3	15				38	29,700	
	BG	90			463				0	154							13		0	77	0		0			3	6				81	887	
	CZ	2	0		42	1			3	0							3		16	0	1		0	42							6	116	
	DK	10	0		34				0	24									7	0	0		0		2	49					3	129	
	DE	142	3	60	2	-		34	188	162	78					1	68		1,748	4,738	146		9	19	3	8	13				5,687	13,109	
	EE	0	0		38				0	2								2	0	1		0				17	10				9	79	
	IE	5	0		36				0	5									3	5	0		0			9	621				23	707	
	EL	32	0	6	173				0	118								2	133	0		0	1			6	67				0	538	
	ES	28	0	2	1	221				141							3	8	9	11		0	1	1	1	1	10	1			31	469	
	FR	488	0	2	9	1,497			141								5	19	48	1		0	1									4,361	6,572
	HR	8	0	33	158				0	17							15	10	155	0		23						1					420
	IT	214	0	4	4	1,050			29	2,237							2	10	254	0		0	4			17	26					3,405	7,256
	CY	3	0		460				0	32								0	26	0		0						17				0	538
	LV	4	0		97	48			0	0					130			5	4	1		0				3	1					21	314
	LT	0	0	1	26	1			0	4								3	1	13		0					9					109	167
	LU	2,493	0	2	9,432				0	1,878								40	17	0		0					4	1				342	14,209
	HU	1	0	7	2	53			7	20								0	176	0		0					1					81	348
	MT	0	0		19				0	1								0	0	0		0										0	20
	NL	1,453	0	7	858				4	53							4			19	6		0		3	1	3					76	2,487
	AT	0	0	5	5,708				0	5	4						62		23	0	1		0					10				271	6,089
	PL	6	0	5	5	110			0	17							6		0	14	0		0				3	7				7	180
	PT	0	0		35				0	45									0	0	0		0					1				18	99
	RO	44	0	2	344				0	128							594		15	360	0		0				1	3				14	1,505
	SI	11	0	22	89				0	35	4								3	110	0							3				33	310
	SK	1	0	750	67				1	10							39		1	141	0		0				3	6				10	1,029
	FI	4	0		49	83			0	13									1	4	0		0				6	3				11	174
	SE	0	0		10	33			42	8							4		3	0	2		0			19		7	3			8	139
	UK	55	1	198	166	1			0	230					41	27		14	12	429			0	224	2	31						46	1,477
	IS	0	0	4	14				0	3									0	1	6		0			3						5	36
	LI	0	0		5				0	0									0	3	0		0									30	38
	NO	1	0		4	10			0	1							2		0	2	0		0			1	3			1		4	29
	CH	3	0		2,247				34	19							1		0	31	1		0										2,336
	Total	5,098	4	1,110	37	48,207	134	34	455	8,611	86					172	850		3,639	6,346	619			32	294	51	152	840	5			14,730	91,506

* Blank: no data reported.

Source PD S2 Questionnaire 2017

Planned cross-border healthcare

Table A3.4 Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S2 having received planned healthcare, 2016

	Member State of treatment (Creditor)																													Total				
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS		LI	NO	CH	
Competent Member State (Debtor)	BE		0		19,004,162				31,186	6,172,641							599	3,569,022	9,917						71		4,984	188,314		1,138,197		30,119,092		
	BG	277,624			6,233,065				0	3,042,266							249,809	0	504,205								27,085	34,546		373,160		10,741,759		
	CZ	8,531	0		229,980	1,051			40,346	0							9,542	16,151		1,080					45,322				56,577		408,581			
	DK	28,464	0		393,857				0	298,423								222,350								1,469	305,767		66,392		1,316,721			
	DE	273,542	1,060	40,799	293			4769.62	686,772	1,070,067	91,547				28	205,486	1,608,984	5,613,467	135,347		7,886	1,276	2,965	11,247	172,254				11,481,514		21,409,302			
	EE	0	0		283,121				0	6,238							68			8					306,681			32,043		89,986		718,146		
	IE	14,206	0		466,456				0	33,749						140	22,192	13,261								505,248	6,404,661		114,609		7,574,522			
	EL	147,718	0	87,079		1,464,789			0	1,461,593							1,358	1,569,315							11,458		470,973	297,261		0		5,511,544		
	ES	181,034	0	743		878,919			0	1,093,217						16	19,059	31,825	6,411						11	434	26,908	21,270	3628,10		281,783		2,542,410	
	FR	2,670,171	0	3,281	46,501	7,353,983			1,093,217							1,087	700,691	75,009	66						84					817,125		12,761,214		
	HR	18,378	0	173,925		1,593,533			0	293,920							36,556	363,388	2,378,409					40,939				1,204				4,900,252		
	IT	442,570	0	5,658	4,149	4,532,464			61,399	9,592,788							1,529	15,008	1,881,643						2,726		95,011	276,914		6,263,606		23,175,464		
	CY	6,684	0			5,303,045			0	372,645								0	88,710										45,465		0		5,816,548	
	LV	6,060	0			1,205,745	109,923		0	0					1,165,918			10,236	199,095	66							93,473	87,893		24,208		2,902,618		
	LT	0	0	928		329,683	2,866		0	12,877								8,186	821	138,705									86,373		379,359		959,798	
	LU	8,206,815	0	8,079		18,489,500			0	7,836,243								248,443	49,170									1,190	88		1,648,736		36,488,264	
	HU	1,638	0	110,449	3,534	652,203			14,502	32,468								0	4,021,267									106		900,616		5,736,785		
	MT	0	0			688,010				3,403								0												0		691,413		
	NL	6,613,493	0	7,593		6,378,398			10,072	486,137							480	0	17,748	7,127							3,055	8,918	11,280		658,911		14,203,211	
	AT	0	0	4,375		19,732,736			0	4,606	1,418						15,868	48,096				44							235,076		1,353,562		21,395,779	
	PL	49,126	0	168,252	12,821	1,227,507			0	604,942							64	0	25,356									3,816	29,818		47,607		2,169,308	
	PT	0	0			320,474			0	587,113								0														46,055	955,611	
	RO	2,085,582	0	19,354		4,005,061			0	1,316,346							526,344	475,564	2,180,072								37,674	116,112		125,079		10,887,188		
	SI	32,394	0	298,799		1,127,733			0	985,710	2,411							14,937	1,077,396										34,849		218,293		3,792,522	
	SK	1,643	0	4,182,246		1,545,188			11	59,226							13,479	111	1,654,416									4,921	89,531		106,054		7,656,826	
	FI	8,352	0			177,206	81,159		0	60,762								1,096	24,667									106,894	14,787		139,197		614,118	
	SE	0	0		103,749	157,490			5,388,497	135,695							507	33,754		11,442							42,706		35,407	5999,51		61,739		5,970,986
	UK	182,068	332	78,708		477,633	1,546		0	1,106,911					8,739	9,014	81,082	38,626	212,885						59,863	10,153	202,799			1,113,400		3,583,757		
	IS	0	0	1,191		20,832			0	2,779								0	135	5,474								7,633		2,391		40,435		
	LI	0	0			21,318			0	0								0	5,387											181,383		208,088		
	NO	6,456	0		9,432	19,533			0	4,392							7	0	3,467								8,163	18,858		2098,11		3,995		74,303
	CH	6,750.09	0			2,236,400				230,083	206,889						4	0	55,977	29													2,729,383	
	Total	21,262,548	1,392	5,191,458	181,257	106,550,027	196,545	4,770	7,556,085	36,884,044	95,375				1,174,684	1,070,530	7,459,776	21,519,361	518,684				48,825	120,811	383,260	1,925,872	8,217,113	11,726	34,048,212		254,410,626			

* Blank: no data reported.

Source PD S2 Questionnaire 2017

ANNEX IV THE EXISTENCE OF PARALLEL SCHEMES

Table A4.1 The existence of parallel schemes, 2016

MS	Description
BE	The Belgian legislation foresees the possibility for persons whose principal residence is in a border region to be reimbursed for the costs of healthcare received in the neighbouring country (1.774 PDs S2). A total of 172 PDs S2 were also issued for functional rehabilitation services in Germany for insured persons who live in the German-speaking community. Belgium is also party to a large number of cooperation agreements which make it easier to obtain prior authorisation in border areas. In such cases authorisation is granted on the basis of a more flexible procedure. Depending on the cooperation agreement, prior authorisation (the PD S2) often becomes a simple administrative authorisation that is granted automatically: IZOM: 18.981 authorisations, ZOAST arrangements: 26 authorisations. Belgium also issued 135 PDs S2 for pregnant women further to the consensus reached at the 254th meeting of the Administrative Commission regarding a broad interpretation of Article 22(1)(c)(i) of Regulation (EEC) No 1408/71 (now Article 20 of Regulation (EC) No 883/2004) for the benefit of pregnant women who, for personal reasons, wish to give birth in another Member State. Belgium also issued 3 PDs S2 for reasons of "force majeure" where the insured person was not able or did not comply with the follow (the deadlines of) the procedure to apply for a prior authorisation. 13 PDs S2 were issued by Belgium to cover the expenses of the "standard of care" of Belgian insured persons who participated in clinical trials in another Member State. In 2016, a total of 21.103 PDs S2 were issued further to the more flexible and/or parallel procedures. For healthcare that is not provided for by the Belgian legislation, it appears that no PDs S2 were issued (cf. question 8). However, in Belgian legislation there is a (general) procedure which makes it possible for Belgian patients to seek for healthcare services abroad that are not provided for by Belgian legislation, and a (specific) procedure which makes it possible for Belgian patients to receive hadrontherapy abroad. In both procedures patients can receive, if certain conditions are met, a prior authorisation. With regard to the Member States covered by this questionnaire a total number of 41 patients were authorised to seek healthcare in another Member State and were entitled to reimbursement in accordance with the authorisation.
BG	
CZ	There is a special national rule according to which the health insurance fund can agree with paying the costs of a treatment abroad that is normally not covered. There are specific conditions for such agreement. If such agreement is granted, all the costs are paid by the health insurance fund. This tool is however mostly used for national situations or third country situations. It is applied to EU countries only if the treatment is not covered in the other country where the treatment is provided, or if the provider is not public. According to our qualified estimation there are less than 10 cases/year.
DK	National legislation in Denmark complements the Danish patients' rights under Regulation 883/2004. According to the Danish national legislation the regional authorities can refer patients in need of highly specialized treatment to treatment abroad if the treatment in question is not available in Denmark. The referral is subject to the approval of the Danish Health Authority. The regional authorities may also refer patients to receive research-related treatment abroad if relevant treatment is not available in Denmark. Patients suffering from a life-threatening disease can be referred to experimental treatment abroad if public hospitals in Denmark are unable to offer further treatment. The referral is also subject to approval of the Danish Health Authority. The hospital authorities can also offer patients treatment abroad for instance if the waiting time in DK is too long even though the treatment can be provided in Denmark. When a patient is referred for treatment at a public hospital in another EU/EEA country or Switzerland according to the Danish legislation the authorities will also issue an S2 form.
DE	
EE	
IE	
EL	Yes. According to national legislation, EOPYY may undertake the costs for urgent treatments (exempt from waiting lists) not available in Greece, and offered by European private clinics or at public/university hospitals' private wings. The same as with the S2 scheme authorisation procedure is followed, and a Health Board referral is taken into account. Patients privately admitted for treatment, are accountable to a 10% (5% for children up to 16 years of age) charge on the total treatment costs.
ES	
FR	Yes, In France's case, the number of S2 forms is not representative of the number of patients covered for scheduled healthcare in another Member State for three reasons: - an S2 form is required in France for a limited number of forms of scheduled treatment: for care requiring at least one night in a healthcare institution or for intensive forms of treatment entered on a list. For other scheduled forms of outpatient or in-patient treatment, no prior authorisation is required, which means that the patient in question is covered by French medical insurance without an S2 form. - the prior authorisation procedure in place in France is favourable to patients: the patient must be notified of the decision on whether or not to cover medical costs by a deadline that is compatible with the urgency and availability of the planned treatment and at the latest within two weeks of receiving the request to that effect. If no response is received within that two-week deadline, authorisation is deemed to have been granted and the treatment costs are covered. - the information contained in this questionnaire is partial and concerns only applications for S2 forms that are dealt with at national level (by the French sickness insurance fund/CNAMTS). Applications for S2 forms that are dealt with locally (by the primary sickness insurance funds/CPAM), which represent the vast majority of the S2s issued, are not recorded at present.
HR	Yes, it is possible that the number of S2 forms is not representative of the number of patients covered for healthcare abroad for Croatia. There is indeed a parallel authorisation procedure in place. According to Act on Compulsory Health Insurance (Art. 26.3), every insured person is entitled to treatment abroad (both in EU and non EU countries) for cases where such treatment can't be provided for by contracted healthcare provider in Croatia, but can successfully be performed abroad. The procedure of authorisation is elaborated in detail in Art. 25.-33. of Ordinance on entitlements, conditions and usage of cross-border healthcare. There is no stipulation that the treatment abroad has to be provided for within contracted healthcare facilities.

Planned cross-border healthcare

MS	Description
	abroad, or that it has to be within the healthcare system of the State of treatment. Therefore, there are cases where S2 form cannot be used, namely, if the treatment is to be provided by private healthcare facility, or if the treatment in question is outside of scope of the healthcare system of the treatment MS. In case the authorisation for such a procedure has been granted, the Croatian health insurance fund pays the healthcare facility which provides the treatment directly, and issues a letter of affidavit.
IT	
CY	
LV	
LT	
LU	No parallel schemes apart from Directive 2011/24/EU exist.
HU	The number of PDs S2 is definitely not representative of numbers for planned treatment abroad. There are treatments in the EEA and Switzerland where the healthcare provider is a private provider; therefore they do not accept S2 form or there is no S2 form used for genetic testing. If a care cannot be delivered in Hungary and there is a real chance for improving the quality of life of the patient, NHIF gives authorization for planned treatments in third countries. For genetic and biochemical analysis' or bone marrow donor search NHIF does not issue S2 forms because these centres request direct payment. In these cases NHIF issues a guarantee letter for payment.
MT	In 1975, the Malta-UK Health Care Agreement was signed. Through this agreement, insured patients in Malta are provided services in the United Kingdom and vice versa. This covers emergency treatment on temporary visits, healthcare for pensioners and specialised treatment for Maltese patients in the UK. The patients should be insured persons in Malta or in the UK.
NL	
AT	The number of PDs S2 issued is not representative because, in addition, national law entitles the holder to reimbursement of benefits in kind used abroad.
PL	Poland has its own regulations to give consent on treatment abroad other than regulations implemented on the basis of the Directive and EU regulations on coordination. The regulations are being used more often than the regulations implemented on the basis of the Directive and EU regulations on coordination.
PT	1) The Portuguese National Health System has in force legislation that recognizes the right of patients to have access to specialized healthcare abroad which, for lack of technical or human means, cannot be provided within the Portuguese Health System. 2) The process of medical assistance abroad is organized by the public hospital of the National Health Service where the patient is being treated and is subject to prior authorization of the Director-General of Health. 3) The hospital must specify the following in the process: Reasons that underlie the impossibility, material and human, of the medical assistance to be provided in a national health institution; Clinical aim of displacement; Foreign healthcare Institutions (inside or outside the EU or EEA) where the patient can receive medical care and its fundaments; Maximum period for the medical assistance; otherwise, it will not produce its normal, useful effect; If the patient needs to be accompanied by a person, with or without adequate technical training; Report with resource to consultants and experts of recognized competence in the clinical issues under appreciation. 4) If the Director-General of Health authorizes the patient to travel abroad, the National Health will assume the full payment of all medical expenses, accommodation, travel, meals and medication. 5) The requests for medical assistance must be concluded within 15 days and, in cases of exceptional urgency, within 5 days. 6) In 2016, 387 patients were authorized for treatment abroad under this legislation.
RO	No
SI	
SK	Slovakia does not implement any parallel procedures to Regulations and Directive in question.
FI	In Finland, patients can choose to seek healthcare abroad under the terms of directive 2011/24/EU (without prior authorisation) or they can apply for prior authorisation (PD S2) for the treatment under the Regulation (EC) No 883/2004. Public healthcare organisations can also arrange the treatment as an outsourcing service from abroad. However, that is something that patients cannot themselves choose when they seek treatment from public healthcare.
SE	Yes. Patients that are insured in Sweden for social security benefits according to chapter 4 and 5 Socialförsäkringsbalken, can have access to certain types of healthcare in Norway and Finland when they either permanently live or temporarily stay in a municipality close to Norway or Finland (law Gränssjukvårdsförrordningen (1962:390)).
UK	
IS	No
LI	
NO	
CH	No parallel schemes to the S2 system

Source Administrative data PD S2 Questionnaire 2016

ANNEX V PD S2 QUESTIONNAIRE

1/ Countries in which patients have been authorised to receive care by the reporting Member State (= number of issued S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates of the decisions to issue authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Member State	Number of S2 forms issued in year N for each State
BE	
BG	
CZ	
DK	
DE	
EE	
IE	
EL	
ES	
FR	
HR	
IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
RO	
SI	
SK	
FI	
SE	
UK	
IS	
LI	
NO	
CH	
Total number of S2 forms issued by the reporting country for care in other Member State	

2/ Do you have evidence that Directive 2011/24/EU on patients' rights in cross-border healthcare has influenced the evolution of the number of PDs S2 issued by your institutions? *(Please explain your answer in detail, providing specific information on examples or the evolution of the number of such cases where the patients exercised their rights under the Directive in relation to the evolution of cases under the S2 procedure)*

3/ How are you advising patients and healthcare providers about the differences between the opportunities for planned healthcare abroad under the terms of Regulation (EC) No 883/2004 and Directive 2011/24/EU? Did you introduce any new measures to disseminate information to raise awareness amongst patients and healthcare providers? *(Please explain your answer in detail)*

4/ Countries from which patients have been authorised to receive care in the reporting Member State (= number of received S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates the S2 form was received by the appropriate healthcare institution in the reporting country under in year N.

Member State	Number of S2 forms received in year N from each State
BE	
BG	
CZ	
DK	
DE	
EE	
IE	
EL	
ES	
FR	
HR	
IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
RO	
SI	
SK	
FI	
SE	
UK	
IS	
LI	
NO	
CH	
Total number of S2 forms received by the reporting Member State	

5/ Countries in which patients have been refused by the reporting Member State authorisations to receive care (= number of refused S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates of the decisions to refuse authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Member State	Number of S2 forms refused in year N for each State
BE	
BG	
CZ	
DK	
DE	
EE	
IE	
EL	
ES	
FR	
HR	
IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
RO	
SI	
SK	
FI	
SE	
UK	
IS	
LI	
NO	
CH	
Total number of S2 forms refused by the reporting country for care in other Member State	

6/ Reasons for refusals to issue an S2 form

(Reason 1): the care in question is not included in the services provided for by the legislation of your Member State

(Reason 2): the care in question may be delivered within a medically acceptable period in the competent State

(Reason 3): other circumstances (for example: incomplete file, non-compliance with procedures, institution requesting a second opinion).

N.B. This is determined by the dates of decisions to refuse authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Year	Number of refusals for Reason 1	Number of refusals for Reason 2	Number of refusals for Reason 3
N			

Could you please explain your answer more in detail with regard to Reason 3?

7/ Number of contested decisions to refuse authorisation to issue an S2 form in year N

Year	Number of contested decisions to refuse to issue an S2 form
N	

8/ Number of S2 forms issued

-For care that is included in the services provided for by the legislation of your Member State

-For care that is not included in the services provided for by the legislation of your Member State

9/ Amount to be paid for planned healthcare received abroad by persons with a PD S2 issued by your institutions, for the reference year 2016 (= year in which the claim was received, regardless of when the PD S2 was issued or when the treatment was provided) – Reporting Member State = Debtor

How many E125 forms did your institutions receive? Please also indicate, if available, the related amount (in €) claimed by the E125 forms received.

MS of treatment (Creditor)	E125 received	
	Number of forms	Amount claimed (in €³⁰)
Belgium		
Bulgaria		
Czech Republic		
Denmark		
Germany		
Estonia		
Ireland		
Greece		
Spain		
France		
Croatia		
Italy		
Cyprus		
Latvia		
Lithuania		
Luxembourg		
Hungary		
Malta		
Netherlands		
Austria		
Poland		
Portugal		
Romania		
Slovenia		
Slovak Republic		
Finland		
Sweden		
United Kingdom		
Iceland		
Liechtenstein		
Norway		
Switzerland		
Total		

³⁰ The conversion rates available on the website of the Commission's DG for Budget can be used:
http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm
 For the reference year please use month 12.

10/ Amount to be received by your institutions as reimbursement of costs for persons with a PD S2 having received planned healthcare in your Member State, for the reference year 2016 (= year in which your claim was issued) – Reporting Member State = Creditor

How many E125 forms were issued by your institutions? Please also indicate, if available, the related amount (in €) claimed via the E125 forms issued.

Competent MS (Debtor)	E125 issued	
	Number of forms	Amount claimed (in €³¹)
Belgium		
Bulgaria		
Czech Republic		
Denmark		
Germany		
Estonia		
Ireland		
Greece		
Spain		
France		
Croatia		
Italy		
Cyprus		
Latvia		
Lithuania		
Luxembourg		
Hungary		
Malta		
Netherlands		
Austria		
Poland		
Portugal		
Romania		
Slovenia		
Slovak Republic		
Finland		
Sweden		
United Kingdom		
Iceland		
Liechtenstein		
Norway		
Switzerland		
Total		


³¹ The conversion rates available on the website of the Commission's DG for Budget can be used: http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm
For the reference year please use month 12.

11/ It is possible that the number of PDs S2 is not representative of the number of patients covered for healthcare abroad for certain Member States, on account of the existence of parallel procedures (excluding Directive 2011/24/EU) allowing patients to seek healthcare abroad.

Please describe and quantify, if applicable, the existence of parallel schemes to the S2 system (excluding Directive 2011/24/EU), how these schemes work and their consequences for the people concerned.

--

ANNEX VI S2 PORTABLE DOCUMENT

S2		Coordination of Social Security Systems
		Entitlement to scheduled treatment EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment abroad. If you present it to the health care institution in the State where the treatment will be provided, you will receive medical treatment under the same conditions as persons insured in that State.

You may be entitled to a supplementary reimbursement according to national reimbursement rates.

Your health care institution will advise you on this. For a list of health care institutions, see

<http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER			
1.1	Personal Identification Number in the competent Member State		
1.2	Surname		
1.3	Forenames		
1.4	Surname at birth (**)		
1.5	Date of birth		
1.6	Current address		
1.6.1	Street, N°	1.6.3	Post code
1.6.2	Town	1.6.4	Country code

2. KIND AND LOCATION OF TREATMENT			
2.1	Treatment		
2.2	Location of the treatment		
2.3	Expected period of treatment		
2.3.1	Start date	2.3.2	End date

(*) Regulations (EC) No 883/2004, articles 20, 27 and 36, and 987/2009, article 26 and 33.

(**) Information given to the institution by the holder when this is not known by the institution.

S2



Coordination of Social Security Systems

Entitlement to scheduled treatment

3. INSTITUTION COMPLETING THE FORM

3.1 Name

3.2 Street, N°

3.3 Town

3.4 Post code

3.5 Country code

3.6 Institution ID

3.7 Office fax N°

3.8 Office phone N°

3.9 E-mail

3.10 Date

3.11 Signature

STAMP

**The entitlement to and use of
sickness benefits by persons
residing in a Member State
other than the competent
Member State**

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SUMMARY OF THE MAIN FINDINGS

Insured persons and their family members residing in a Member State other than the Member State in which they are insured (i.e. the competent Member State) are entitled to sickness benefits in kind provided for under the legislation of the Member State of residence. The healthcare provided in the Member State of residence will be reimbursed by the Member State of insurance in accordance with the rates of the Member State of residence. Furthermore, this group is entitled to cash benefits, if any, provided by the competent Member State (i.e. export of sickness benefits in cash).

Their right to sickness benefits in kind in the Member State of residence is certified by Portable Document S1 (PD S1), a certificate of entitlement to healthcare if the person does not live in the country where he/she is insured. The PD S1 also includes the question whether the person receives long-term care benefits in cash. This form is issued by the competent Member State and allows the person to register for healthcare in the Member State of residence when insured in a different one. The form is issued mainly to cross-border workers (and their family members) and mobile pensioners (and their family members).

Approximately 1.4 million persons reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1. This implies that on average 0.3% of the insured persons reside in a Member State other than the competent Member State. Almost one quarter of the persons insured in Luxembourg reside in another Member State. Moreover, only for Austria, Belgium, the Netherlands and Liechtenstein more than 1% of their insured persons reside in another Member State. Furthermore, some 0.4% of the persons insured in Germany reside in another Member State. From the perspective of receiving Member States, only persons with a valid PD S1 who reside in Belgium and Cyprus represent more than 2% of the total number of persons insured in these receiving Member States. The number of persons with a valid PD S1 who reside in Spain represents only 0.3% of the total number of persons insured in Spain.

Some 70% of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, some 30% of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. For instance, Liechtenstein, Luxembourg and the Czech Republic issued more than nine out of ten PDs S1 to persons of working age. This is in contrast to the United Kingdom which issued nine out of ten PDs S1 to pensioners and their family members.

About 80% of the total number of PDs S1 for persons of working age and their family members were issued by Luxembourg, Germany, the Netherlands, Austria and Belgium. This reflects the high number of incoming cross-border workers employed in these Member States. Moreover, some 80% of the persons of working age with a PD S1 reside in a neighbouring Member State. Furthermore, most of the persons of working age with a valid PD S1 reside in France, Belgium, Germany and Poland.

The United Kingdom issued one out of three of the total number of PDs S1 for pensioners and their family members residing abroad. Furthermore, 37% of the total number of PDs S1 for pensioners and their family members are received by Spain.

Finally, average healthcare spending related to the reimbursement of sickness benefits in kind for persons residing in a Member State other than the competent Member State is limited to some 0.3% of total healthcare spending related to benefits in kind.

1. INTRODUCTION

Insured persons and their family members residing in a Member State other than the Member State in which they are insured (i.e. competent Member State) are entitled to healthcare (i.e. sickness benefits in kind) provided for under the legislation of the Member State of residence.³² Applying the Coordination Regulations, healthcare provided in the Member State of residence will be reimbursed by the competent Member State in accordance with the rates of the Member State of residence.³³ Furthermore, insured persons and their family members residing in a Member State other than the competent Member State will be entitled to cash benefits provided by the competent Member State (i.e. the export of sickness benefits in cash).³⁴

Their right to sickness benefits in kind in the Member State of residence is certified by Portable Document S1 (PD S1) 'Registering for healthcare cover' (*see also Annex III*). This form is issued by the competent Member State at the request of the insured person or of the Member State of residence and allows to register for healthcare in the Member State of residence when insured in a different one.³⁵

The form is issued mainly for cross-border workers³⁶ (and their family members). However, a PD S1 can also be issued to pensioners (and their family members) who reside in a Member State other than the competent Member State. However, only in cases where the pensioner has never worked in the Member State of residence (i.e. is not entitled to a pension) a PD S1 will be issued. Therefore, for three groups of pensioners a PD S1 will be required:

- pensioners who move their residence to another Member State when retired and do not receive a pension from the Member State of residence;
- retired cross-border workers who never worked in their Member State of residence;
- retired EU mobile workers³⁷ who return to their Member State of origin but never worked in this Member State.

This means that pensioners who have worked in their Member State of residence do not need such form, as the Member State of residence will also be the competent Member State. Thus, the group of pensioners with a PD S1 is only a part of the total group of cross-border pensioners.³⁸ Moreover, healthcare spending for pensioners and their family members with a valid PD S1 does not only include the reimbursement of healthcare provided abroad, as these persons are also entitled to healthcare benefits in kind during their stay in the competent Member State if this Member State is listed in Annex IV of Regulation (EC) No 883/2004^{39 40}.

³² Article 17 of Regulation (EC) No 883/2004.

³³ Article 35 (1) of Regulation (EC) No 883/2004.

³⁴ Article 21 (1) of Regulation (EC) No 883/2004.

³⁵ Article 24 (1) of Regulation (EC) No 987/2009.

³⁶ Cross-border workers are persons who work in one EU Member State but live in another.

³⁷ 'EU mobile worker' means a person who moves his/her residence to a country of which he or she is not a citizen.

³⁸ It shows that it would be useful to confront the PDs S1 data with other statistics (for instance, those collected for the report on cross-border old-age, survivors' and invalidity pensions). Moreover, a specific thematic topic included in the 2016 Annual Report on Labour Mobility (Fries-Tersch, E., Tugran, T. and Bradley, H., 2016) covers the mobility of retired persons.

³⁹ Article 27 (2) of Regulation (EC) No 883/2004.

⁴⁰ Member States listed in Annex IV of Regulation (EC) No 883/2004 are: Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia and Sweden.

On several occasions this chapter refers to the official administrative documents in use for the coordination of social security systems. Three sets are in use: the original set of 'E-forms', a limited number of new documents issued to the insured persons involved called Portable Documents (including the European Health Insurance Card) and finally the Structured Electronic Documents (SEDs), which in the future will be used for the electronic exchange of information between the administrations involved. PD S1 covers several categories of insured persons who reside in a Member State other than the competent Member State (insured person, pensioner, pension claimant, family member of insured person, family member of pensioner). This is in contrast with the several E forms in place: form E106 (different categories of insured persons), form E109 (family member of insured person), form E120 (pension claimants and members of their family) and form E121 (pensioner and family member of pensioner). By counting these forms, insight can be gained into the number of persons residing in a Member State other than the competent Member State. However, this is an underestimation as also alternative procedures exist.

Several alternative procedures exist next to the PD S1 / E form route. For instance, between the Nordic countries (Denmark, Finland, Sweden, Norway and Iceland) no PDs S1 are exchanged. In France, the CPAM (*primary sickness insurance fund*) of Hainaut has several Franco-Belgian agreements on health: the Transcards and SI/Réa (intensive care and resuscitation) agreements and the ZOAST (cross-border care access zones) agreements. Luxembourg and Belgium have had a bilateral agreement in place which covers frontier workers since June 1995. Form BL1 instead of PD S1/form E106 is used. Luxembourg and France have a particular procedure concerning interim workers insured in Luxembourg and residing in France.⁴¹ Swiss or Spanish nationals who are receiving a pension under Swiss legislation and move to Spain can opt either to be affiliated with a Swiss sickness insurance scheme – which that will issue an E-121-CH form or an S1 form for healthcare cover in Spain – or to be exempt from affiliation in Switzerland. If they take the latter option, the pensioner may conclude a special agreement on healthcare with the Social Security General Fund for themselves and their family members. Finally, Denmark has a waiver agreement with a number of countries, including Ireland, Portugal and the UK, and for certain groups in relations with Greece.

This chapter presents data on the number of persons entitled to sickness benefits, who reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms.⁴² It first presents overall figures on the number of PDs S1 issued and received between 1 January and 31 December 2016 (*annual flow*) as well as on the total number of PDs S1 issued/received which are still valid on 31 December 2016 (*stock*). Afterwards, more detailed data are provided for both insured persons of working age and pensioners. Finally, figures are presented on the reimbursement of sickness benefits provided to persons with a PD S1.

All Member States except Germany, Italy, Latvia and Portugal have provided data on the number of insured persons residing in a Member State other than the competent Member State. The fact that most reporting Member States have also provided a breakdown by status from both a sending and receiving perspective and for both the annual flow and stock of the number of documents results in a comprehensive

⁴¹ Because of the high number of interim workers and the existence of many different limited insurance periods for every single interim worker the workload would be too heavy to establish PD S1 systematically. Therefore, a PD S1 is only established for periods where benefits in kind are provided to the interim worker or his/her family member in France.

⁴² See *Annex I* for the content of the PD S1 Questionnaire.

dataset. Moreover, a high number of Member States were able to provide figures on cross-border spending on the basis of a PD S1.

The technique of data imputation was applied, which is a procedure used to estimate and replace missing or inconsistent data in order to provide a complete data set. Data from an issuing perspective by receiving Member State was completed with data from a receiving perspective by issuing Member State and *vice versa*, as both perspectives were asked for. For instance, data for Germany as the sending Member State was imputed on the basis of the number of forms received by the receiving Member States from Germany. This technique was very useful to estimate the total number of insured persons residing in a Member State other than the competent Member State and to gain insight into the share of all Member States.

2. THE NUMBER OF S1 PORTABLE DOCUMENTS ISSUED AND RECEIVED

2.1. General overview

The sum of the number of PDs S1 and E forms issued and received by the reporting Member States is reported. A breakdown per type of form is not included in the report.

2.1.1. Absolute figures

Approximately 1.4 million persons reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*Table 1 and Annex II – Tables A2.1 and A2.2*). The main issuing Member States are Germany, Luxembourg, the Netherlands, Belgium, the United Kingdom and Austria. For instance, it is estimated that Germany issued some 289,000 PDs S1 to persons who reside in a Member State other than Germany. Moreover, eight out of ten PDs S1 were issued by these six issuing Member States. Most of the persons with a valid PD S1 reside in Belgium, Germany, Spain and Poland. For instance, Belgium has received some 250,000 PDs S1 for persons insured in another Member State. It is worth noting that France reported a much lower number of PDs S1 received compared to the previous reporting (reference year 2016: 72,971 PDs S1 compared to reference year 2015: 266,970 PDs S1).⁴³

The annual flow of PDs S1 shows that especially Luxembourg and the Netherlands issued a very high number of PDs S1 in 2016. Moreover, Germany, the Slovak Republic and Poland received most of the PDs S1 issued in 2016. The number of PDs S1 issued in 2016 (i.e. flow) by Slovak Republic (80,486 PDs S1) is more than double the total number of PDs S1 still in circulation at the end of 2016 (i.e. stock). This illustrates that some persons are insured in another Member State only for a short period. Presumably, most of them are seasonal workers or perhaps even posted workers⁴⁴.

The relationship between the annual flow of forms and the stock of forms also differs among insured persons of working age and pensioners. 1 PD S1 issued in 2016 (*annual flow*) stands for only 1.5 forms issued and still valid (*stock*) for insured persons of working age. For pensioners 1 PD S1 issued in 2016 stands for 7.8 forms issued and still valid. This shows that the stock of PDs S1 issued to pensioners is the sum of the forms issued over a long period of time while the stock of PDs S1 issued to insured persons of working age is very volatile.

⁴³ This figure could be verified and/or explained by the French delegation in the AC.

⁴⁴ A posted worker is an employee who is sent by his employer to carry out a service in another EU Member State on a temporary basis. A distinction has to be made between, on the one hand, postings which do not exceed 90 days and, on the other hand postings exceeding 90 days. If the posted workers has to move his/her habitual residence to the Member State to which (s)he is posted (after 90 days) (s)he should register with a PD S1 instead of using the EHIC to receive medical care in this Member State.

Table 1 Number of PDs S1 issued and received, *flow and stock*, 2016

	Issued				Received			
	Flow:		Stock:		Flow:		Stock:	
	In 2016		Total and still valid		In 2016		Total and still valid	
	Number	% of column total	Number	% of column total	Number	% of column total	Number	% of column total
BE	21,753	3.2%	159,872	11.3%	52,254	10.8%	249,392	19.3%
BG	3,534	0.5%	7,174	0.5%	1,414	0.3%	3,464	0.3%
CZ	20,119	3.0%	52,550	3.7%	33,591	6.9%	82,495	6.4%
DK	969	0.1%	1,895**	0.1%	n.a.	n.a.	n.a.	n.a.
DE	99,223	14.6%	288,907	20.4%	91,988	19.0%	206,131	16.0%
EE	774	0.1%	1,374	0.1%	803	0.2%	1,955	0.2%
IE	1,578	0.2%	2,792	0.2%	259	0.1%	791	0.1%
EL	734	0.1%	3,337	0.2%	4,645	1.0%	54,041	4.2%
ES	4,812	0.7%	8,297	0.6%	18,970	3.9%	167,387	13.0%
FR	2,742	0.4%	6,281	0.4%	11,630	2.4%	72,971	5.7%
HR	528	0.1%	2,251	0.2%	5,206	1.1%	27,311	2.1%
IT	14,953	2.2%	23,888	1.7%	4,714	1.0%	19,548	1.5%
CY	372	0.1%	814	0.1%	1,752	0.4%	15,111	1.2%
LV	765	0.1%	1,387	0.1%	2,101	0.4%	607	0.0%
LT	439	0.1%	951	0.1%	4,115	0.9%	5,050	0.4%
LU	181,903	26.7%	203,998	14.4%	1,946	0.4%	5,463	0.4%
HU	3,816	0.6%	10,010	0.7%	27,463	5.7%	59,963	4.6%
MT	510	0.1%	550	0.0%	441	0.1%	3,936	0.3%
NL	141,956	20.9%	205,163	14.5%	12,106	2.5%	37,812	2.9%
AT	51,732	7.6%	140,027	9.9%	9,975	2.1%	40,048	3.1%
PL	4,833	0.7%	14,006	1.0%	81,133	16.8%	139,108	10.8%
PT	1,881	0.3%	4,015	0.3%	2,909	0.6%	11,759	0.9%
RO	5,359	0.8%	20,667	1.5%	8,238	1.7%	12,924	1.0%
SI	1,100	0.2%	9,238	0.7%	6,939	1.4%	15,138	1.2%
SK	12,950	1.9%	12,627	0.9%	80,486	16.6%	40,117	3.1%
FI	959	0.1%	5,515	0.4%	247	0.1%	758	0.1%
SE	6,221	0.9%	0	0.0%	0	0.0%	0	0.0%
UK	15,356	2.3%	157,937	11.1%	2,403	0.5%	5,111	0.4%
IS	265	0.0%	401	0.0%	37	0.0%	64	0.0%
LI	1,223	0.2%	496	0.0%	0	0.0%	0	0.0%
NO	17,147	2.5%	0	0.0%	129	0.0%	138	0.0%
CH	60,310	8.9%	70,563	5.0%	15,727	3.3%	12,167	0.9%
Total	680,816	100.0%	1,416,983	100.0%	483,621	100.0%	1,290,760	100.0%

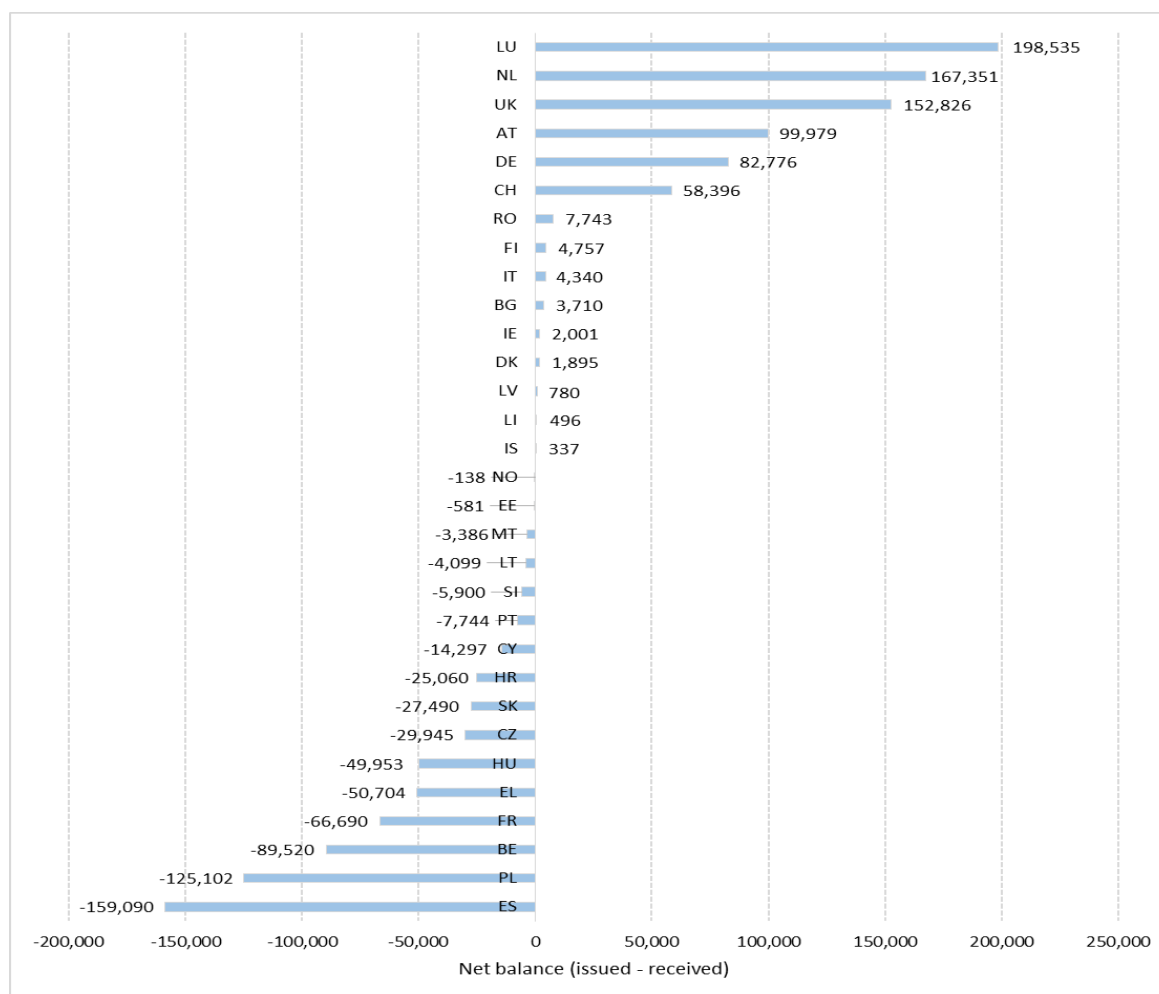
* Imputed data for DE, IT, IE (only issued stock), LV and PT.

* DK: does not include PDs S1 issued to pensioners and their family members.

Source PD S1 Questionnaire

Figure 1 gives an overview of the net balance of PDs S1 per reporting Member State by showing the number of persons residing in a Member State on the basis of a PD S1 issued by the reporting Member State **minus** the number of persons residing in the reporting Member State on the basis of a PD S1 issued by another Member State. Some 15 Member States are net senders, in particular Luxembourg, the Netherlands, the United Kingdom, Austria, Germany and Switzerland. The other Member States are net recipients, in particular Spain, Poland and Belgium.

Figure 1 Net balance between the total number of PDs S1 issued and received, stock (still in circulation), 2016



* Imputed data for DE, IT, IE, LV and PT.
Source PD S1 Questionnaire

2.1.2. As a share in the total number of insured persons

The above absolute figures could be compared to the total number of insured persons to know the percentage of persons residing in a Member State other than the competent Member State (*Table 2*). Almost one quarter of the persons insured in Luxembourg reside in another Member State. All other Member States show a much lower percentage. Only for Austria, Belgium, the Netherlands and Liechtenstein, more than 1% of their insured persons reside in another Member State. On average 0.3% of the insured persons reside in a Member State other than the competent Member State. For Germany, which is the main issuing Member State in absolute terms, only 0.4% of their insured persons reside in another Member State.

From the perspective of receiving Member States, only in Belgium and Cyprus the number of persons with a valid PD S1 represent more than 2% of the total number of insured persons in these receiving Member States. In Spain, which is one of the main receiving Member State in absolute terms, the number of persons with a valid PD S1 represent 0.3% of the total number of persons insured by Spain.

Table 2 **Total number of PDs S1 *issued and received, as share of total number of insured persons*, stock (still in circulation), 2016**

MS	Number of insured persons (A)	Number of PDs S1 issued and still valid (B)	As share of total number of insured persons (B/A)	Number of PDs S1 received and still valid (C)	As share of total number of insured persons (C/A)
BE	11,352,235	159,872	1.4%	249,392	2.2%
BG	6,089,254	7,174	0.1%	3,464	0.1%
CZ	10,461,983	52,550	0.5%	82,495	0.8%
DK	5,700,000	1,895	0.0%		
DE	70,728,389	288,907	0.4%	206,131	0.3%
EE	1,237,277	1,374	0.1%	1,955	0.2%
IE	n.a.	2,792	n.a.	791	n.a.
EL	6,813,926	3,337	0.0%	54,041	0.8%
ES	48,168,523	8,297	0.0%	167,387	0.3%
FR	66,449,362	6,281	0.0%	72,971	0.1%
HR	4,189,493	2,251	0.1%	27,311	0.7%
IT	60,216,084	23,888	0.0%	19,548	0.0%
CY	630,000	814	0.1%	15,111	2.4%
LV	2,264,954	1,387	0.1%	607	0.0%
LT	2,939,717	951	0.0%	5,050	0.2%
LU	869,953	203,998	23.4%	5,463	0.6%
HU	4,114,000	10,010	0.2%	59,963	1.5%
MT	403,480	550	0.1%	3,936	1.0%
NL	16,355,134	205,163	1.3%	37,812	0.2%
AT	8,841,390	140,027	1.6%	40,048	0.5%
PL	35,030,191	14,006	0.0%	139,108	0.4%
PT	n.a.	4,015	n.a.	11,759	n.a.
RO	17,130,940	20,667	0.1%	12,924	0.1%
SI	2,189,106	9,238	0.4%	15,138	0.7%
SK	5,147,408	12,627	0.2%	40,117	0.8%
FI	5,508,045	5,515	0.1%	758	0.0%
SE					
UK	64,875,165	157,937	0.2%	5,111	0.0%
IS	340,847	401	0.1%	64	0.0%
LI	38,982	496	1.3%	0	0.0%
NO					
CH	8,200,000	70,563	0.9%	12,167	0.1%
Total			0.3%		

* Imputed data for DE, IT, IE, LV and PT.

Source PD S1 Questionnaire and EHIC Questionnaire

2.2. By status

Some 70% of the PDs S1 were issued to persons of working age and their family members residing in a Member State other than the competent Member State. Furthermore, some 30% of the PDs S1 were issued to pensioners (+ pension claimants) and their family members. This distribution varies strongly among Member States. Most Member States issued the highest number of PDs S1 to persons of working age. Liechtenstein, Luxembourg and the Czech Republic issued more than nine out of ten PDs S1 to persons of working age (*Table 3*). This is in contrast to the United Kingdom which issued nine out of ten PDs S1 to pensioners and their family members.

Among the receiving Member State, the Slovak Republic, Lithuania, the Czech Republic and Poland received more than eight out of ten PDs S1 issued for persons of working age insured in another Member State (*Table 4*). This is in contrast to Spain and Cyprus, which received more than eight out of ten PDs S1 for pensioners insured in another Member State. The absolute figures by status are discussed in the two next

sections. The sum by status (1.3 million) is not equal to the total number of PDs S1 issued (1.4 million) as some Member States did provide data by status. Moreover, the number of PDs S1 issued and still valid (1.4 million) is not equal to the number of PDs S1 received and still valid (1.3 million).

The relationship between the number of insured persons and their family members is an indication of how many family members fall under the social security system of the insured person. As 1 insured person with a PD S1 only stands for 0.17 family members with a PD S1, it could be assumed that for most family members another social security system will be applicable via a personal or derived right.

Table 3 Total number of PDs S1 issued, by status, stock (still in circulation), 2016

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
BE	95,371	59.7%	19,670	12.3%	0	0.0%	29,574	18.5%	15,257	9.5%	159,872
BG	948	13.2%	5,360	74.7%	0	0.0%	830	11.6%	36	0.5%	7,174
CZ	24,190	91.0%	894	3.4%	8	0.0%	1,470	5.5%	15	0.1%	52,550
DK	1,830	96.6%	n.a.	n.a.	n.a.	n.a.	65	3.4%	n.a.	n.a.	1,895
DE	125,503	51.9%	72,513	30.0%	657	0.3%	33,969	14.0%	9,136	3.8%	288,907
EE	586	42.6%	383	27.9%	0	0.0%	389	28.3%	16	1.2%	1,374
IE	804	30.4%	743	28.1%	0	0.0%	874	33.0%	227	8.6%	2,792
EL	399	12.0%	1,947	58.3%	0	0.0%	449	13.5%	542	16.2%	3,337
ES	5,336	64.3%	2,190	26.4%	0	0.0%	183	2.2%	588	7.1%	8,297
FR	5,277	84.0%	77	1.2%	0	0.0%	927	14.8%	0	0.0%	6,281
HR	679	30.2%	1,158	51.4%	2	0.1%	344	15.3%	68	3.0%	2,251
IT	8,845	37.1%	10,529	44.1%	13	0.1%	2,978	12.5%	1,485	6.2%	23,888
CY	277	34.0%	348	42.8%	0	0.0%	117	14.4%	72	8.8%	814
LV	612	44.4%	515	37.4%	0	0.0%	246	17.9%	4	0.3%	1,387
LT	154	16.2%	679	71.4%	2	0.2%	114	12.0%	2	0.2%	951
LU	186,622	91.5%	14,005	6.9%	0	0.0%	1,252	0.6%	2,119	1.0%	203,998
HU	7,090	70.8%	1,315	13.1%	0	0.0%	1,590	15.9%	15	0.1%	10,010
MT	440	80.0%	21	3.8%	0	0.0%	88	16.0%	1	0.2%	550
NL	113,535	55.3%	56,040	27.3%	0	0.0%	29,143	14.2%	6,445	3.1%	205,163
AT	122,796	87.7%	8,152	5.8%	1	0.0%	7,758	5.5%	1,320	0.9%	140,027
PL	5,736	41.0%	7,556	53.9%	1	0.0%	487	3.5%	226	1.6%	14,006
PT	1,220	30.5%	2,347	58.8%	1	0.0%	326	8.2%	100	2.5%	4,015
RO	3,275	15.8%	15,816	76.5%	157	0.8%	1,290	6.2%	129	0.6%	20,667
SI	1,609	17.4%	5,938	64.3%	0	0.0%	586	6.3%	1,105	12.0%	9,238
SK	10,577	83.8%	1,032	8.2%	3	0.0%	999	7.9%	16	0.1%	12,627
FI	1,412	25.6%	3,320	60.2%	0	0.0%	626	11.4%	157	2.8%	5,515
SE											
UK	7,031	4.5%	125,309	79.3%	18	0.0%	6,277	4.0%	19,302	12.2%	157,937
IS	88	21.9%	35	8.7%	74	18.5%	177	44.1%	27	6.7%	401
LI	492	99.2%	4	0.8%	0	0.0%	0	0.0%	0	0.0%	496
NO											
CH	49,963	70.8%	6,058	8.6%	0	0.0%	13,435	19.0%	1,107	1.6%	70,563
Total	782,697	58.3%	363,954	27.1%	937	0.1%	136,563	10.2%	59,517	4.4%	1,416,983

* *Insured person of working age*: includes as well persons above working age who are still employed, *Pensioner*: includes as well persons of working age who are retired.

** Imputed data for CZ (only breakdown), DE, IT, IE, LV and PT. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1,343,668 if the sum of the number of PDs S1 by status is taken.

*** DK: does not include PDs S1 issued to pensioners and their family members.

Source PD S1 Questionnaire

Table 4 Total number of PDs S1 received, by status, stock (still in circulation), 2016

	Insured person		Pensioner		Pension claimant		Family member of insured person		Family member of pensioner		Total
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number
BE	160,103	64.2%	44,329	17.8%	0	0.0%	40,593	16.3%	4,367	1.8%	249,392
BG	1,509	43.6%	1,636	47.2%	3	0.1%	101	2.9%	215	6.2%	3,464
CZ	14,370	84.9%	1,588	9.4%	4	0.0%	838	5.0%	122	0.7%	82,495
DK											
DE	140,708	68.6%	37,385	18.2%	32	0.0%	22,034	10.8%	4,806	2.3%	206,131
EE	1,308	66.9%	528	27.0%	2	0.1%	111	5.7%	6	0.3%	1,955
IE	73	9.2%	612	77.4%	0	0.0%	61	7.7%	45	5.7%	791
EL	3,283	6.1%	34,799	64.4%	280	0.5%	9,104	16.8%	6,575	12.2%	54,041
ES	9,301	5.6%	138,625	82.8%	283	0.2%	429	0.3%	18,749	11.2%	167,387
FR	47,472	65.1%	14,577	20.0%	0	0.0%	9,634	13.2%	1,288	1.8%	72,971
HR	2,242	8.2%	19,209	70.3%	18	0.1%	2,892	10.6%	2,950	10.8%	27,311
IT	5,608	28.7%	10,232	52.3%	82	0.4%	976	5.0%	2,493	12.8%	19,548
CY	85	0.6%	13,068	86.5%	0	0.0%	90	0.6%	1,868	12.4%	15,111
LV	474	78.1%	79	13.0%	0	0.0%	42	6.9%	10	1.6%	607
LT	4,364	86.4%	418	8.3%	0	0.0%	239	4.7%	29	0.6%	5,050
LU	2,222	40.7%	2,882	52.8%	0	0.0%	90	1.6%	269	4.9%	5,463
HU	43,336	72.3%	10,156	16.9%	13	0.0%	5,759	9.6%	699	1.2%	59,963
MT	95	2.4%	3,092	78.6%	0	0.0%	28	0.7%	721	18.3%	3,936
NL	25,634	67.8%	3,298	8.7%	0	0.0%	8,469	22.4%	411	1.1%	37,812
AT	22,644	56.5%	14,375	35.9%	71	0.2%	2,127	5.3%	831	2.1%	40,048
PL	116,399	83.7%	4,790	3.4%	23	0.0%	17,321	12.5%	575	0.4%	139,108
PT	1,317	11.2%	8,466	72.0%	1	0.0%	685	5.8%	1,288	11.0%	11,759
RO	10,243	79.3%	1,718	13.3%	3	0.0%	712	5.5%	248	1.9%	12,924
SI	10,994	72.6%	3,448	22.8%	6	0.0%	579	3.8%	111	0.7%	15,138
SK	37,127	92.5%	587	1.5%	7	0.0%	2,392	6.0%	4	0.0%	40,117
FI	173	22.8%	465	61.3%	0	0.0%	97	12.8%	23	3.0%	758
SE											
UK	669	13.1%	3,978	77.8%	4	0.1%	42	0.8%	418	8.2%	5,111
IS	22	34.4%	27	42.2%	0	0.0%	13	20.3%	2	3.1%	64
LI											
NO	0	0.0%	127	92.0%	1	0.7%	2	1.4%	8	5.8%	138
CH	6,444	53.0%	5,546	45.6%	10	0.1%	167	1.4%	0	0.0%	12,167
Total	668,219	54.6%	380,040	31.1%	843	0.1%	125,627	10.3%	49,131	4.0%	1,290,760

* *Insured person of working age*: includes as well persons above working age who are still employed, *Pensioner*: includes as well persons of working age who are retired.

** Imputed data for CZ (only breakdown), DE, IT, IE, LV and PT. As a result, the sum of the number of PDs S1 by status is not equal to the total for these Member States. This makes that the total number of PDs S1 is 1,223,860 if the sum of the number of PDs S1 by status is taken.

Source PD S1 Questionnaire

2.3. Insured persons of working age and their family members living in a Member State other than the competent Member State

Approximately 0.92 million persons of working age⁴⁵ and their family members, of which 0.78 million persons of working age⁴⁶ and 0.14 million family members, reside

⁴⁵ *Insured person of working age*: includes as well persons above working age who are still employed.

⁴⁶ This number should be considered as an estimate for the total number of cross-border workers. However, this figure is much lower than the figure extracted from the Labour Force Survey. In 2015, in the EU and EFTA there were about 1.7 million people who worked in a different EU or EFTA country from the one in which they resided. About 1.3 million worked in another EU country (Fries-Tersch, E., Tugran, T. and Bradley, H. (2016), *2016 Annual Report on Labour Mobility*, Network Statistics FMSSFE).

in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*left-hand column of Table 5*).⁴⁷ The main issuing Member States are Luxembourg, Germany, the Netherlands, Austria and Belgium. For instance, Luxembourg issued some 188,000 PDs S1 to persons of working age and their family members. More than 80% of the PDs S1 for persons of working age and their family members were issued by these five issuing Member States. This is the result of the high number of incoming cross-border workers employed in those Member States. Most persons of working age and their family members with a valid PD S1 reside in Belgium, Germany and Poland.⁴⁸ There is a strong concentration as already some six out of ten PDs S1 issued to persons of working age and their family members were received by those three Member States.

Table 5 **Total number of PDs S1 issued and received, insured persons of working age and their family members, stock (still in circulation), 2016**

	Issued				Received			
	<i>Insured person</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>	<i>Insured person</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>
BE	95,371	29,574	124,945	13.6%	160,103	40,593	200,696	25.3%
BG	948	830	1,778	0.2%	1,509	101	1,610	0.2%
CZ	24,190	1,470	25,660	2.8%	14,370	838	15,208	1.9%
DK	1,830	65	1,895	0.2%				
DE	125,503	33,969	159,472	17.3%	140,708	22,034	162,742	20.5%
EE	586	389	975	0.1%	1,308	111	1,419	0.2%
IE	804	874	1,678	0.2%	73	61	134	0.0%
EL	399	449	848	0.1%	3,283	9,104	12,387	1.6%
ES	5,336	183	5,519	0.6%	9,301	429	9,730	1.2%
FR	5,277	927	6,204	0.7%	47,472	9,634	57,106	7.2%
HR	679	344	1,023	0.1%	2,242	2,892	5,134	0.6%
IT	8,845	2,978	11,823	1.3%	5,608	976	6,584	0.8%
CY	277	117	394	0.0%	85	90	175	0.0%
LV	612	246	858	0.1%	474	42	516	0.1%
LT	154	114	268	0.0%	4,364	239	4,603	0.6%
LU	186,622	1,252	187,874	20.4%	2,222	90	2,312	0.3%
HU	7,090	1,590	8,680	0.9%	43,336	5,759	49,095	6.2%
MT	440	88	528	0.1%	95	28	123	0.0%
NL	113,535	29,143	142,678	15.5%	25,634	8,469	34,103	4.3%
AT	122,796	7,758	130,554	14.2%	22,644	2,127	24,771	3.1%
PL	5,736	487	6,223	0.7%	116,399	17,321	133,720	16.8%
PT	1,220	326	1,546	0.2%	1,317	685	2,002	0.3%
RO	3,275	1,290	4,565	0.5%	10,243	712	10,955	1.4%
SI	1,609	586	2,195	0.2%	10,994	579	11,573	1.5%
SK	10,577	999	11,576	1.3%	37,127	2,392	39,519	5.0%
FI	1,412	626	2,038	0.2%	173	97	270	0.0%
SE								
UK	7,031	6,277	13,308	1.4%	669	42	711	0.1%
IS	88	177	265	0.0%	22	13	35	0.0%
LI	492	0	492	0.1%	0	0	0	0.0%
NO								
CH	49,963	13,435	63,398	6.9%	6,444	167	6,611	0.8%
Total	782,697	136,563	919,260	100.0%	668,219	125,627	793,846	100.0%

* Imputed data for CZ, DE, IT, IE, LV and PT.

Source PD S1 Questionnaire

⁴⁷ However, the number of insured persons of working age and their family members amounts to some 0.79 million persons on the basis of the number of PDs S1 received (*right-hand column of Table 5*).

⁴⁸ On the basis of the previous PD S1 report also a high number of persons of working age and their family members live in France.

Some 80% of the persons of working age with a PD S1 reside in a neighbouring Member State of the issuing Member State (*Table 6*). Luxembourg, the Czech Republic, Belgium, Austria and Hungary issued almost all PDs S1 to persons of working age residing in a neighbouring Member State.

Table 6 Main receiving and issuing Member State of reporting Member State, *insured persons of working age, stock (still in circulation), 2016*

	Percentage of PDs S1 issued to neighbouring MSs	Main receiving MS of MS A (to ...)	Main issuing MS of MS A (from ...)
BE	93%	FR	NL
BG	8%	BE	AT
CZ	96%	SK	AT
DK			
DE	77%	PL	LU
EE	4%	BE	FI
IE	0%	BE	PL
EL	3%	DE	UK
ES	72%	FR	UK
FR	63%	IT	ES
HR	29%	DE	AT
IT	55%	BE	FR
CY	0%	RO	PL
LV	55%	LT	NL
LT	19%	PL	NO
LU	97%	FR	BE
HU	91%	SK	AT
MT	0%	NL	UK
NL	70%	BE	BE
AT	92%	SK	DE
PL	44%	DE	DE
PT	49%	ES	ES
RO	35%	HU	AT
SI	54%	HR	AT
SK	71%	HU	AT
FI			
SE			
UK	0%	ES	NL
IS	0%	BE	PL
LI	0%	NL	
NO			
CH	51%	FR	DE
Total	82%		

* Imputed data for CZ, DE, IT, IE, LV and PT.

Source PD S1 Questionnaire

As already observed, the flow of PDs S1 issued to persons of working age is concentrated within a limited number of issuing and sending Member States. *Table 7* illustrates the main flows of persons of working age with a PD S1. More than one out of ten persons of working age with a valid PD S1 are insured in Luxembourg and reside in France. Also the other main flows of insured persons are among neighbouring countries, notably from Belgium to France; from Luxembourg to Belgium; from the Netherlands to Belgium; from Germany to Poland; from Luxembourg to Germany; from Austria to Slovak Republic and finally from the Netherlands to Germany.

Table 7 Main flows between the competent Member State and the Member State of residence, *insured persons of working age, stock (still in circulation), 2016*

Issuing MS <i>From ...</i>	Receiving MS <i>To ...</i>	Number of PDs S1 reported by			
		<i>Issuing MS</i>	<i>% total number issued</i>	<i>Receiving MS</i>	<i>% total number received</i>
Luxembourg	France	90,191	12%	188	0%
Belgium	France	61,814	8%	1,648	0%
Luxembourg	Belgium	45,312	6%	53,005	8%
The Netherlands	Belgium	40,321	5%	65,035	10%
Germany	Poland	n.a.	n.a.	56,763	8%
Luxembourg	Germany	45,763	6%	n.a.	n.a.
Austria	Slovak Republic	37,987	5%	15,769	2%
The Netherlands	Germany	38,993	5%	n.a.	n.a.

Source PD S1 Questionnaire

2.4. *Pensioners and their family members living in a Member State other than the competent Member State*

Some 430,000 pensioners⁴⁹ and their family members reside in a Member State other than the competent Member State, and are registered for healthcare in their Member State of residence by means of a PD S1 or the equivalent E forms (*Table 8*).

The main issuing Member State is the United Kingdom, which issued one out of three of the total number of PDs S1 for pensioners and their family members residing abroad. Other main issuing Member States are Germany, the Netherlands and Belgium. Furthermore, 158,000 pensioners and their family members with a valid PD S1 reside in Spain. This stands for 37% of the total number of PDs S1 received for pensioners and their family members. Moreover, some 61,000 pensioners are insured in the United Kingdom and reside in Spain (*Table 10*). This single flow represents already 17% of the total number of PDs S1 issued to pensioners.

The profile of this group of pensioners with a PD S1 is diverse. Some are retired cross-border workers who never worked in their Member State of residence. Others are retired EU mobile workers who return to their Member State of origin without having worked there. Finally, a group of pensioners migrates to another Member State without having any past affiliation with this Member State (in terms of country of birth or country of citizenship). The size of these groups are not known. Some tentative conclusions could nonetheless be made.

Only 26% of the PDs S1 issued for pensioners apply to persons residing in a neighbouring Member State of the competent Member State (*Table 9*). This is a first indication that the group of cross-border workers who never worked in their Member State of residence is probably relatively small. Certainly since 80% of the persons of working age with a PD S1 reside in a neighbouring Member State of the issuing Member State (*Table 6*). The biggest group is probably the group of pensioners who decide to retire abroad, mostly in a Mediterranean Member State. For instance, Ireland, Italy, Finland, the United Kingdom and Iceland issued most of the PDs S1 to pensioners who live in Spain.

⁴⁹ *Pensioner*: includes as well persons of working age who are retired.

Table 8 **Total number of PDs S1 *issued and received, pensioners (+ pension claimant) and their family members*, stock (still in circulation), 2016**

	Issued				Received			
	<i>Pensioner</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>	<i>Pensioner</i>	<i>Family members</i>	<i>Total</i>	<i>Column %</i>
BE	19,670	15,257	34,927	8.2%	44,329	4,367	48,696	11.3%
BG	5,360	36	5,396	1.3%	1,639	215	1,854	0.4%
CZ	902	15	917	0.2%	1,592	122	1,714	0.4%
DK								
DE	73,170	9,136	82,306	19.4%	37,417	4,806	42,223	9.8%
EE	383	16	399	0.1%	530	6	536	0.1%
IE	743	227	970	0.2%	612	45	657	0.2%
EL	1,947	542	2,489	0.6%	35,079	6,575	41,654	9.7%
ES	2,190	588	2,778	0.7%	138,908	18,749	157,657	36.7%
FR	77	0	77	0.0%	14,577	1,288	15,865	3.7%
HR	1,160	68	1,228	0.3%	19,227	2,950	22,177	5.2%
IT	10,542	1,485	12,027	2.8%	10,314	2,493	12,807	3.0%
CY	348	72	420	0.1%	13,068	1,868	14,936	3.5%
LV	515	4	519	0.1%	79	10	89	0.0%
LT	681	2	683	0.2%	418	29	447	0.1%
LU	14,005	2,119	16,124	3.8%	2,882	269	3,151	0.7%
HU	1,315	15	1,330	0.3%	10,169	699	10,868	2.5%
MT	21	1	22	0.0%	3,092	721	3,813	0.9%
NL	56,040	6,445	62,485	14.7%	3,298	411	3,709	0.9%
AT	8,153	1,320	9,473	2.2%	14,446	831	15,277	3.6%
PL	7,557	226	7,783	1.8%	4,813	575	5,388	1.3%
PT	2,348	100	2,448	0.6%	8,467	1,288	9,755	2.3%
RO	15,973	129	16,102	3.8%	1,721	248	1,969	0.5%
SI	5,938	1,105	7,043	1.7%	3,454	111	3,565	0.8%
SK	1,035	16	1,051	0.2%	594	4	598	0.1%
FI	3,320	157	3,477	0.8%	465	23	488	0.1%
SE								
UK	125,327	19,302	144,629	34.1%	3,982	418	4,400	1.0%
IS	109	27	136	0.0%	27	2	29	0.0%
LI	4	0	4	0.0%	0	0	0	0.0%
NO					128	8	136	0.0%
CH	6,058	1,107	7,165	1.7%	5,556	0	5,556	1.3%
Total	364,891	59,517	424,408	100.0%	380,883	49,131	430,014	100.0%

* Imputed data for CZ, DE, IT, IE, LV and PT.

* DK: not able to provide figures on the number of PDs S1 issued to pensioners and their family members.

Source PD S1 Questionnaire

Table 9 Main receiving and issuing Member State of reporting Member State, pensioners, stock (still in circulation), 2016

	Percentage of PDs S1 issued to neighbouring MSs	Main receiving MS of MS A (to ...)	Main issuing MS of MS A (from ...)
BE	58%	FR	NL
BG	3%	DE	UK
CZ	79%	SK	SK
DK			
DE	20%	EL	NL
EE	1%	FI	FI
IE	0%	ES	NL
EL	10%	DE	DE
ES	45%	FR	UK
FR	43%	DK	UK
HR	77%	SI	DE
IT	24%	ES	RO
CY	0%	EL	UK
LV	42%	UK	UK
LT	8%	DE	LV
LU	87%	FR	BE
HU	45%	DE	RO
MT	0%	UK	UK
NL	46%	BE	DE
AT	65%	DE	DE
PL	66%	DE	DE
PT	45%	ES	UK
RO	24%	HU	IT
SI	99%	HR	DE
SK	80%	CZ	CZ
FI	0%	ES	EE
SE			
UK	0%	ES	NL
IS	0%	ES	UK
LI	0%	FR	
NO			NL
CH	33%	DE	FR
Total	26%		

* Imputed data for CZ, DE, IT, IE, LV and PT.
Source PD S1 Questionnaire

Table 10 Main flows between the competent Member State and the Member State of residence, pensioners, stock (still in circulation), 2016

Issuing MS	Receiving MS	Number of PDs S1 reported by			
From	To	Issuing MS	% total number issued	Receiving MS	% total number received
United Kingdom	Spain	61,176	17%	63,162	17%
United Kingdom	France	36,739	10%	5,209	1%
Germany	Greece	n.a.	n.a.	23,527	6%
Belgium	France	7	0%	22,098	6%
The Netherlands	Belgium	13,723	4%	18,982	5%
Germany	Spain	n.a.	n.a.	14,722	4%

Source PD S1 Questionnaire

3. CROSS-BORDER HEALTHCARE SPENDING ON THE BASIS OF PD S1 OR THE EQUIVALENT E FORMS

A distinction is made between sickness benefits in kind (*section 3.1*) and in cash (*section 3.2*).

3.1. *Sickness benefits in kind*

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) (forms E125/ SED S080) or on the basis of fixed amounts (average costs) (forms E127 / SED S095). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can reimburse benefits in kind on the basis of fixed amounts in relation to certain categories of persons.⁵⁰ These categories are: family members who do not reside in the same Member State as an insured person and pensioners and members of their family. The Member States that apply fixed amount reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of Regulation (EC) No 987/2009: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway. For instance, figures show that a high number of pensioners insured by the United Kingdom reside in Spain. As a consequence Spain will claim a high fixed amount and the United Kingdom will refund a high fixed amount.

It should be noted that the year of treatment does not necessarily correspond to the year when the claim is made or when the reimbursement is settled among debtor and creditor countries. In the report, figures on the number of claims received and issued by E125/SED S080 or by E127/SED S095 in 2016 are reported regardless of the fact that some of these claims will be contested afterwards, and some claims refer to treatment provided in previous years. Furthermore, the total refund paid and received in 2016 is reported. Again, these amounts do not necessarily correspond to treatment provided in 2016.

3.1.1. Absolute figures

Cross-border healthcare spending reflects to a high extent the number of PDs S1 issued and received. France⁵¹, Germany and Belgium, where most of the persons with a PD S1 reside, were reimbursed the highest amount (*Table 11*). France received € 913 million, Germany received € 412 million and finally Belgium received € 249 million. Furthermore, Poland issued a high number of claims in 2016, which reflects the higher number of PDs S1 which it received. Nonetheless, a small amount was received by Poland in 2016. No reimbursement figures have been reported by Spain as creditor. Nonetheless, figures on the number of claims issued by Spain clearly show the impact of the application of Annex 3 of Regulation (EC) No 987/2009⁵² as it has issued only 14,426 E126 forms and 174,194 E127 forms (or 92% of the total number of claims issued by Spain), mostly received by the United Kingdom.

⁵⁰ Article 35 (2) of Regulation (EC) No 883/2004.

⁵¹ On the basis of the 2016 report on S1 portable documents.

⁵² Spain claims the reimbursement of the cost of benefits in kind on the basis of fixed amounts for family members who do not reside in the same Member State as an insured person and pensioners and members of their family.

Table 11 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *creditor*, 2016

	Actual expenditure		Fixed amounts		Total	
	Number of claims issued (E125)	Refunds received (in €)	Number of claims issued (E127)	Refunds received (in €)	Number of claims issued	Refunds received (in €)
BE	412,269	237,919,613		10,815,410	412,269	248,735,022
BG	1,758	369,750			1,758	369,750
CZ	137,910	23,724,402			137,910	23,724,402
DK	747	81,848			747	81,848
DE	740,692	411,863,841			740,692	411,863,841
EE	7,660	146,103			7,660	146,103
IE			211	237,002	211	237,002
EL	16,074	220,797		15,582	16,074	236,379
ES	14,426		174,194		188,620	
FR	1,079,687	913,304,583			1,079,687	913,304,583
HR	104,640	39,896,882			104,640	39,896,882
IT						
CY	4,977	1,423,944	15,109	13,665,478	20,086	15,089,422
LV						
LT	6,838	854,935			6,838	854,935
LU						
HU	136,808	614,801			136,808	614,801
MT	190	123,392			190	123,392
NL	90,562		4,405		94,967	
AT	349,048	48,607,669			349,048	48,607,669
PL	594,102	12,065,506		564,556	594,102	12,630,061
PT						
RO	388	53,527	41	4,440	429	57,967
SI	34,623	9,712,672			34,623	9,712,672
SK	194,425	33,137,897			194,425	33,137,897
FI	170	211,438	946	1,325,110	1,116	1,536,548
SE	150	134,409	1,488	6,900,823	1,638	7,035,232
UK			10,955		10,955	
IS	24				24	
LI						
NO				564,913		564,913
CH	105,000				105,000	
Total	4,033,168	1,734,355,547	207,349	34,093,313	4,240,517	1,768,448,859

Source PD S1 Questionnaire

Germany refund € 369 million, the Netherlands refund € 290 million and finally Belgium refund € 270 million in 2016 (*Table 12*). No reimbursement figures are reported by Luxembourg, which is one of the main issuing Member States of a PD S1. Furthermore, the United Kingdom has received a high number of E127 forms, mostly claimed by Spain.

The amount of reimbursement is also influenced by the type of persons with a valid PD S1. Healthcare spending per person is higher for pensioners than for persons of working age. However, no distinction between both with regard to the amount of reimbursement is available.

Table 12 Cross-border sickness benefits *in kind* for persons living in a Member State other than the competent Member State, *debtor*, 2016

	Actual expenditure		Fixed amounts		Total	
	Number of claims received (E125)	Refunds paid (in €)	Number of claims received (E127)	Refunds paid (in €)	Number of claims received	Refunds paid (in €)
BE		226,759,755		42,889,944		269,649,699
BG	11,714	4,053,168	960	47,354	12,674	4,100,522
CZ	96,665	16,636,957	52	107,975	96,717	16,744,933
DK	73,281	24,683,733	2,645	7,015,513	75,926	31,699,246
DE	879,841	300,018,277	24,865	68,591,850	904,706	368,610,128
EE	1,914	1,157,294	625	807,586	2,539	1,964,880
IE			2,552	295,784	2,552	295,784
EL	7,712	996,171	44	752,252	7,756	1,748,423
ES	68,979				68,979	
FR	78,152	66,952,078		56,469,976	78,152	123,422,054
HR	3,786	2,926,834	15	7,663	3,801	2,934,497
IT						
CY	3,065	50,972			3,065	50,972
LV						
LT	3,407	2,227,546	81	302,602	3,488	2,530,148
LU						
HU	22,680	70	8	491	22,688	561
MT	138	30,144			138	30,144
NL	424,536	236,304,620	21,362	53,227,987	445,898	289,532,607
AT	379,057	102,737,174	459	933,555	379,516	103,670,729
PL	46,003	31,187,925	1,149	1,034,717	47,152	32,222,642
PT						
RO	61,370	34,722,571	4,678	7,718,680	66,048	42,441,252
SI	32,182	3,842,447	11	1,444	32,193	3,843,891
SK	12,065	9,292,086	41	96,072	12,106	9,388,158
FI	7,500	1,690,000	2,653	6,533,559	10,153	8,223,559
SE	8,108	5,389,530	3,297	7,601,994	11,405	12,991,524
UK			95,793		95,793	
IS			59	7,338	59	7,338
LI						
NO			5,203	11,248,709	5,203	11,248,709
CH	94,207		882		95,089	
Total	2,316,362	1,071,659,353	167,434	265,693,046	2,483,796	1,337,352,399

Source PD S1 Questionnaire

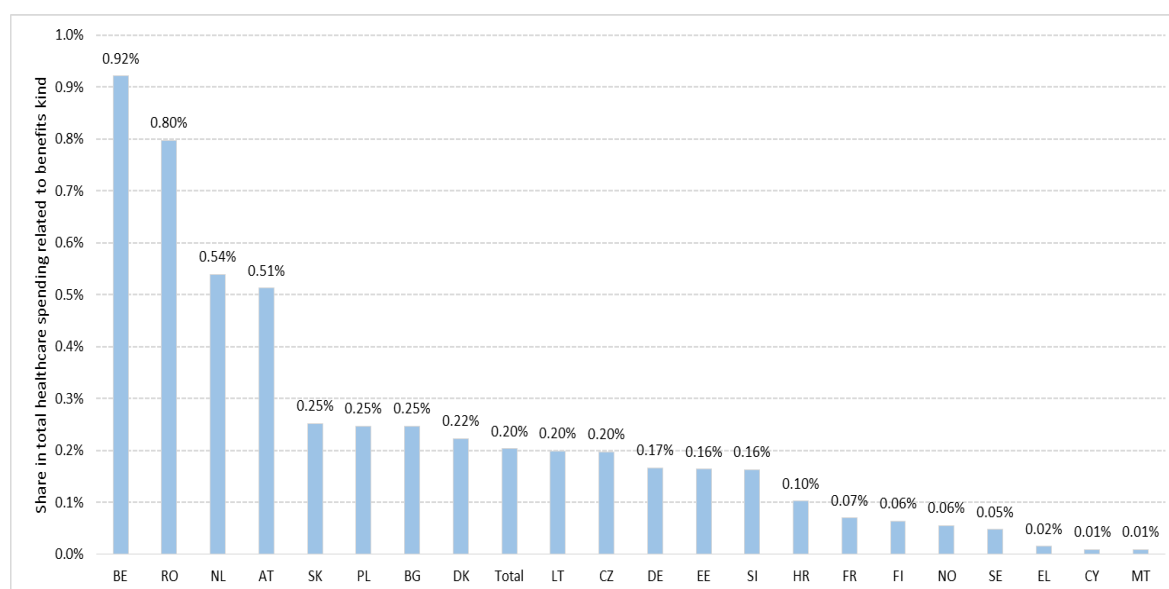
3.1.2. As share in total healthcare spending related to benefits in kind

Average cross-border healthcare spending for persons residing in a Member State other than the competent Member State is limited to some 0.2% and 0.3% of total healthcare spending related to benefits in kind (*Figures 2 and 3*).

None of the reporting Member States had to pay more than 1% of their healthcare spending in kind to persons living abroad (*Figure 2*). However, no figures are reported by Luxembourg. Between 0.5% and 1% of total healthcare spending related to benefits in kind paid by Belgium, Romania, the Netherlands and Austria refers to cross-border healthcare spending for persons with a PD S1. The impact of cross-border healthcare spending on total spending is also influenced by the average cost of healthcare provided in the competent Member State and the main Member States of residence. For instance, despite the relatively low number of PDs S1 issued by Romania, the country shows a relatively high budgetary impact compared to other Member States.

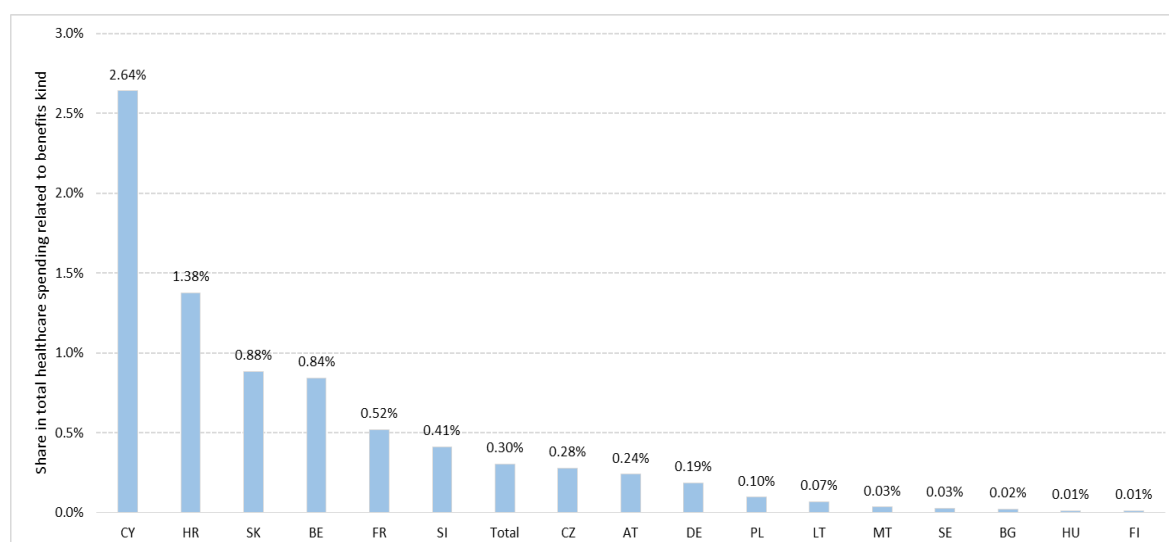
Also from the perspective of the Member States of treatment it is useful to know how high claims are, as cross-border healthcare might put a pressure on the availability of medical equipment and services. By both Cyprus and Croatia an amount higher than 1% of total healthcare spending related to benefits in kind was claimed (*Figure 3*).

Figure 2 Healthcare spending related to the reimbursed of sickness benefits *in kind* for persons living in a Member State other than the competent Member State compared to total healthcare spending related to benefits in kind, *debtor*, 2016



Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

Figure 3 Healthcare spending related to the reimbursed of sickness benefits *in kind* for persons living in a Member State other than the competent Member State compared to total healthcare spending related to benefits in kind, *creditor*, 2016



Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

3.2. Sickness benefits *in cash*

None of the Member States have reported long-term care benefits in cash although these benefits are also covered by PD S1. Only four Member States (Luxembourg,

France, Austria and Switzerland) have reported figures on healthcare spending related to the export of sickness benefits in cash for persons living in a Member State other than the competent Member State (*Table 13*). Luxembourg paid an amount of € 130.5 million to persons who work in Luxembourg and reside in another Member State and who became sick for a short period in 2016. This amount stands for 23% of total payments for paid sick leave. Austria has exported € 23.7 million *Krankengeld* to persons residing in another Member State and € 12 million *Wochengeld*. Both stand for 3.8% and 2.8% of total spending, respectively. Finally, the export of sickness benefits in cash by both France and Switzerland amounts to € 4.2 million and € 2.8 million, respectively. This implies a share of 0.1% in total healthcare spending in cash by Switzerland.

Table 13 Healthcare spending related to the export of sickness benefits *in cash* for persons living in a Member State other than the competent Member State, 2016

	Name	Number of cases	Amount paid (in €) (A)	Total healthcare spending in cash (in million €) (B)	% of total healthcare spending in cash (A/B)
LU	Paid sick leave (<i>Indemnité pécuniaire de maladie</i>)	15,056	130,511,561	561	23.3%
FR	X	60,723	4,153,425	15,413	0.0%
AT	Sickness benefit (<i>Krankengeld</i>)	13,397	23,666,726	626	3.8%
	Confinement benefit (<i>Wochengeld</i>)	4,137	12,090,356	439	2.8%
	<i>Rehabilitationsgeld</i>	58	587,119		
CH	X	678	2,767,007	5,430	0.1%

* X = Name of the cash benefit has not been reported.
Source PD S1 Questionnaire and EUROSTAT [spr_exp_fsi]

ANNEX I PD S1 QUESTIONNAIRE

- 1) Number of PDs S1 (or the equivalent SED S072) **issued in 2016** by your authorities, breakdown by status of the person and by Member State of residence.

Member State of residence	Status					Total
	<i>Insured person</i>	<i>Pensioner</i>	<i>Pension claimant</i>	<i>Family member of insured person</i>	<i>Family member of pensioner</i>	
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

If you were still issuing any of the former E-forms that were replaced by the PD S1 (former E106, E109, E120 and E121), please replicate the above table and indicate the number of forms issued in 2016.

If you can provide a breakdown of categories of *insured persons* as set out in the above table receiving the S1 or corresponding former E forms (e.g. posted worker, frontier worker, etc.), please provide this data as well by splitting the column according to the categories you have available.

- 2) **Total** number of PDs S1 (or the equivalent SED S072) **issued** by your authorities and **still valid on 31 December 2016** (regardless of the year when they were issued), breakdown by status of the person and by Member State of residence.

Member State of residence	Status					Total
	<i>Insured person</i>	<i>Pensioner</i>	<i>Pension claimant</i>	<i>Family member of insured person</i>	<i>Family member of pensioner</i>	
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

If there were forms E106, E109, E120 and E121 issued by you and still valid on 31 December 2016, please replicate the above table and indicate the number of such forms.

If you can provide a breakdown of categories of *insured persons* as set out in the above table receiving the S1 or corresponding former E forms (e.g. posted worker, frontier worker, etc.), please provide this data as well by splitting the column according to the categories you have available.

- 3) Number of PDs S1 (or the equivalent SED S072) **received in 2016** by your authorities, breakdown by status of the person and by competent Member State.

Competent Member State	Status					Total
	<i>Insured person</i>	<i>Pensioner</i>	<i>Pension claimant</i>	<i>Family member of insured person</i>	<i>Family member of pensioner</i>	
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

If you received any of the former E forms that were replaced by the PD S1 (former E106, E109, E120 and E121), please replicate the above table and indicate the number of forms received.

If you can provide a breakdown of categories of *insured persons* as set out in the above table receiving the S1 or corresponding former E forms (e.g. posted worker, frontier worker, etc.), please provide this data as well by splitting the column according to the categories you have available.

- 4) **Total** number of PDs S1 (or the equivalent SED S072) **received** by your authorities and **still valid on 31 December 2016** (regardless of the year when they were issued), breakdown by status of the person and by competent Member State.

Competent Member State	Status					Total
	<i>Insured person</i>	<i>Pensioner</i>	<i>Pension claimant</i>	<i>Family member of insured person</i>	<i>Family member of pensioner</i>	
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

If you received any of the former E forms that were replaced by the PD S1 (former E106, E109, E120 and E121) which were still valid on 31 December 2016, please replicate the above table and indicate the number of forms received.

If you can provide a breakdown of categories of *insured persons* as set out in the above table receiving the S1 or corresponding former E forms (e.g. posted worker, frontier worker, etc.), please provide this data as well by splitting the column according to the categories you have available.

- 5 Reimbursement claims and amounts for persons registered in your country with a PD S1 (or former E106, E109, E120 and E121 forms – i.e. insured persons residing abroad) who received sickness benefits **in kind**. Number of **claims issued** and **refunds received** (Creditor) (in €), calendar year 2016
– *Reporting Member State = Creditor*

Competent Member State (Debtor)	Actual expenditure		Fixed amounts		Total	
	Number of claims issued (E125)	Refunds received (in €)	Number of claims issued (E127)	Refunds received (in €)	Number of claims	Refunds received (in €)
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

- 6 Reimbursement claims and amounts for persons to whom you issued a PD S1 (or former E106, E109, E120 and E121 forms – insured persons residing abroad), who received sickness benefits **in kind** in their current country of residence. Number of **claims received** and **refunds paid** (Debtor) (in €), calendar year 2016 – *Reporting Member State = Debtor*

Member State of residence (Creditor)	Actual expenditure		Fixed amounts		Total	
	Number of claims received (E125)	Refunds paid (in €)	Number of claims received (E127)	Refunds paid (in €)	Number of claims	Refunds paid (in €)
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovakia						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

- 7 Concerning persons to whom you issued a PD S1 (or former E106, E109, E120 and E121 forms) and who received sickness benefits **in cash**, indicate the number of **cases** and **amount paid** (in €) by your authorities during the calendar year 2016, specifying the name of the benefit(s) which exist under your legislation in the field 'name of the cash benefit'.

Member State of residence	Name of the cash benefit:		Name of the cash benefit:		Name of the cash benefit:		Total	
	Number of cases	Amount paid (in €)	Number of cases	Amount paid (in €)	Number of cases	Amount paid (in €)	Number of cases	Amount paid (in €)
Belgium								
Bulgaria								
Czech Republic								
Denmark								
Germany								
Estonia								
Ireland								
Greece								
Spain								
France								
Croatia								
Italy								
Cyprus								
Latvia								
Lithuania								
Luxembourg								
Hungary								
Malta								
Netherlands								
Austria								
Poland								
Portugal								
Romania								
Slovenia								
Slovakia								
Finland								
Sweden								
United Kingdom								
Iceland								
Liechtenstein								
Norway								
Switzerland								
Total								

- 8 Do you have any **alternative procedures** or agreements in place which you use instead of the S1 procedure of registration of insured persons for healthcare cover in their country of residence if they are insured in a different Member State? If yes, please specify with **which Member State(s)** you have the agreements in place and provide an **overview** about them.

Please provide the **number of insured persons concerned** in line with **questions 1-4** above, by replicating the tables here below and filling in the data related to alternative procedures.

If you have agreements in place for **reimbursement** of the healthcare costs for such alternative procedures, please specify the number of claims and amounts concerned in line with **questions 5-7** above, by replicating the tables here below and filling in the data related to alternative procedures.

ANNEX II ADDITIONAL TABLES

Table A2.1 Number of PDs S1 issued, breakdown by receiving Member State, stock, 2016

	Issuing Member State																																
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
BE	0	650	895	75	25,563	409	564	285	535	626	190	5,356	85	409	16	48,605	302	38	66,319	119	825	896	1,122	234	458	324		1,101	57	14		308	156,380
BG	131	0	190	41	515	78	4	234	66	0	8	183	16	37	25	34	9	0	379	521	85	4	61	28	291	19		811	0	0		45	3,815
CZ	348	130	0	56	47,129	7	144	88	53	6	34	638	28	10	5	727	75	3	957	10,406	670	21	104	44	2,507	24		307	2	130		211	64,864
DK	82	17	21	0	0	6	0	1	13	1,819	4	0	2	0	7	29	33	0	85	7	51	0	52	6	8	0		43	9	0		14	2,309
DE	11,902	2,061	1,166	606	0	179	0	1,387	1,191	54	359	0	19	0	301	50,629	859	9	65,319	26,204	7,083	0	4,035	138	295	316		4,023	56	91		27,849	206,131
EE	9	0	21	9	93	0	2	3	2	11	0	14	0	43	43	5	6	0	45	1	21	0	1	0	2	1,158		32	1	0		4	1,526
IE	79	31	24	16	145	10	0	4	17	153	14	10	3	27	69	21	6	3	374	2	205	1	41	1	7	4		0	0	0		55	1,322
EL	999	274	21	30	36,102	8	41	0	34	451	2	779	402	10	1	39	3	2	1,231	276	71	6	131	2	25	102		2,644	0	0		345	44,031
ES	8,323	1,257	94	140	17,618	39	872	59	0	61	22	5,093	4	35	74	463	98	74	13,355	401	312	1,736	2,834	21	50	2,234		76,437	97	1		774	132,578
FR	94,250	508	209	158	10,236	40	79	154	4,385	0	37	759	18	0	29	96,827	94	33	9,855	217	647	312	1,118	40	72	310		45,457	18	1		37,000	302,863
HR	78	25	48	7	15,380	1	5	0	2	46	0	641	0	2	12	31	46	26	521	4,670	25	0	25	7,742	276	7		92	0	0		0	29,708
IT	4,278	520	157	108	0	13	0	150	259	2,619	99	0	1	0	18	769	61	19	1,683	596	532	0	3,233	300	94	99		2,857	10	3		1,070	19,548
CY	30	87	1	3	92	0	27	414	6	0	0	183	0	1	2	2	1	1	138	18	19	0	94	0	10	9		11,874	0	7		43	13,062
LV	17	0	2	25	0	40	0	0	1	5	0	0	0	0	17	12	6	15	376	8	24	0	0	1	3	2		41	1	0		11	607
LT	27	8	31	21	635	96	44	5	10	108	0	17	2	522	0	18	4	16	484	4	108	3	6	19	18	56		75	1	0		5	2,343
LU	3,116	63	29	13	618	5	11	28	22	10	14	219	0	2	22	0	19	16	249	14	48	420	95	7	4	40		65	7	0		28	5,184
HU	488	53	191	56	13,227	9	34	7	43	3	117	280	7	6	7	128	0	20	2,204	32,264	141	3	5,071	166	4,571	35		437	3	5		655	60,231
MT	52	8	2	1	86	0	27	4	5	25	0	143	0	3	0	9	1	0	210	14	5	0	0	1	5		2,814	0	0		32	3,447	
NL	26,895	81	170	110	14,603	43	147	61	108	19	22	463	15	21	20	1,219	64	188	5,067	77	181	35	138	16	72	32		762	24	150		141	50,944
AT	431	783	330	32	27,878	15	25	100	109	7	128	1,367	21	30	11	142	604	6	869	0	511	38	1,661	204	1,053	74		734	9	1		419	37,592
PL	4,291	54	16,482	100	67,809	54	680	125	165	17	18	879	49	11	113	1,388	38	40	25,484	5,332	0	10	93	92	820	129		2,661	58	37		367	127,396
PT	1,287	18	2	25	0	2	0	8	792	43	8	0	6	0	1	1,676	0	2	3,266	31	27	0	131	7	4	407		3,707	4	0		305	11,759
RO	770	46	65	35	2,636	16	4	50	165	5	9	783	97	0	1	467	416	2	1,996	3,600	812	4	0	21	1,663	1		36	0	14		183	13,897
SI	45	8	27	12	1,776	1	0	1	6	49	1,093	2,392	2	1	1	5	41	3	83	13,705	29	0	12	0	87	1		78	0	1		138	19,597
SK	195	46	32,055	62	2,615	0	68	16	14	52	11	430	6	0	5	346	7,100	4	1,510	40,822	211	12	49	99	0	34		92	0	40		241	86,135
FI	34	42	20	1	147	208	2	18	8	13	10	34	1	12	4	12	20	2	60	8	31	4	29	1	10	0		58	1	0		52	842
SE	154	95	37	1	0	33	0	59	13	22	24	0	4	0	14	62	38	2	597	36	283	0	189	8	34	0		173	4	0		47	1,929
UK	769	214	83	111	480	32	0	40	121	27	18	84	18	200	126	154	52	23	1,497	90	902	267	216	21	138	4		0	20	0		212	5,919
IS	1	1	2	4	8	1	0	0	2	0	0	1	0	0	2	6	0	0	7	1	9	0	0	0	0	0		10	0	0		0	55
LI	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	1	0	2	117	0	0	0	0	1	0		0	0	0		0	128
NO	76	7	27	0	39	9	0	1	2	23	10	2	0	0	0	6	5	0	153	4	42	0	36	2	5	1		56	8	0		9	523
CH	715	87	148	37	3,477	20	12	35	148	65	0	3,138	8	5	5	167	8	3	788	462	96	243	90	18	48	88		460	11	1		0	10,383
Total	159,872	7,174	52,550	1,895	288,907	1,374	2,792	3,337	8,297	6,281	2,251	23,888	814	1,387	951	203,998	10,010	550	205,163	140,027	14,006	4,015	20,667	9,238	12,627	5,515		157,937	401	496		70,563	1,416,983

* Imputed data for CZ, DE, IE, IT, LV and PT.

Source PD S1 Questionnaire

Table A2.2 Number of PDs S1 received, breakdown by issuing Member State, stock, 2016

	Receiving Member State																														Total		
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI		NO	CH
BE	0	211	261		11,902	9	24	2,598	10,272	3,329	265	4,278	34	17	21	1,770	355	48	17,367	264	2,091	1,287	1,115	32	47	10		191	2	0	5	436	58,241
BG	560	0	189		2,061	1	13	194	1,071	52	16	520	73	0	7	53	41	8	60	785	69	18	33	3	48	15		255	0	0	0	74	6,219
CZ	740	104	0		1,166	11	5	38	71	10	36	157	9	2	21	45	170	3	92	458	11,418	2	111	18	13,069	11		36	4	0	0	97	27,904
DK	874	38	165		606	36	3	264	2,586	16,622	110	108	16	25	132	172	144	23	168	133	5,774	25	70	2	118	0		151	1	0	0	133	28,499
DE	25,563	515	47,129		0	93	145	36,102	17,618	10,236	15,380	0	92	0	635	618	13,227	86	14,603	27,878	67,809	0	2,636	1,776	2,615	147		480	8	0	39	3,477	288,907
EE	378	32	6		179	0	8	4	38	53	0	13	0	40	65	8	8	0	43	24	49	2	3	0	0	179	17	1	0	0	24	1,174	
IE	564	4	144		0	2	0	41	872	79	5	0	27	0	44	11	34	27	147	25	680	0	4	0	68	2		0	0	0	0	12	2,792
EL	1,047	110	158		1,387	11	7	0	97	159	9	150	492	0	2	88	28	3	51	231	106	8	16	9	37	16		8	0	0	0	103	4,333
ES	3,013	71	167		1,191	3	22	62	0	27,073	1	259	6	1	11	36	46	6	152	173	254	792	198	5	17	26		109	6	0	0	240	33,940
FR	29,339	73	421		54	6	36	851	25,112	16	345	2,619	49	5	16	1,375	623	61	360	569	847	43	120	85	80	26		241	0	0	7	1,907	65,286
HR	73	8	80		359	0	10	7	11	29	0	99	0	0	2	14	107	0	17	156	11	8	1	823	10	6		2	0	0	0	0	1,833
IT	5,356	183	638		0	14	10	779	5,093	759	641	0	183	0	17	219	280	143	463	1,367	879	0	783	2,392	430	34		84	1	0	2	3,138	23,888
CY	46	13	107		19	0	0	350	2	37	0	1	0	0	0	0	7	0	14	22	44	6	9	3	2	1		1	0	0	0	8	692
LV	409	37	10		0	43	27	10	35	0	2	0	1	0	522	2	6	3	21	30	11	0	0	1	0	12		200	0	0	0	5	1,387
LT	45	23	24		301	27	57	2	69	129	0	18	2	17	0	23	6	0	21	10	113	1	5	1	7	8		106	1	0	0	8	1,024
LU	71,226	14	1,226		50,629	4	3	23	285	296	12	769	0	12	2	0	72	1	1,442	171	1,656	1,676	86	2	184	0		22	2	0	1	117	129,933
HU	332	9	123		859	7	8	4	80	13	41	61	1	6	6	19	2	0	73	625	39	0	266	27	4,351	22		55	0	0	0	8	7,037
MT	36	0	4		9	0	0	6	4	12	1	19	2	15	7	4	6	0	159	4	20	2	0	0	2	0		11	0	0	0	0	323
NL	94,247	113	1,743		65,319	127	171	1,660	11,905	1,867	385	1,683	110	376	140	209	1,767	171	0	809	14,864	3,266	305	57	659	49		1,333	4	0	67	614	204,020
AT	524	450	16,023		26,204	1	2	465	347	381	3,284	596	15	8	4	13	32,022	18	59	0	5,158	31	4,425	9,527	16,333	9		49	0	0	3	450	116,401
PL	2,879	119	1,484		7,083	28	162	195	282	58	7	532	14	24	109	70	167	5	292	649	0	27	1,229	24	122	39		787	9	0	10	115	16,521
PT	896	4	21		0	0	1	6	1,736	312	0	0	0	0	3	420	3	0	35	38	10	0	4	0	12	4		267	0	0	0	243	4,015
RO	1,601	43	148		4,035	8	25	208	2,512	270	14	3,233	43	0	13	78	4,750	0	111	1,399	91	131	0	8	56	24		73	0	0	0	82	18,956
SI	501	19	68		138	0	1	2	14	86	6,427	300	0	1	12	16	191	0	24	292	91	7	9	0	64	1		5	0	0	0	22	8,291
SK	820	102	9,150		295	3	8	40	29	178	128	94	7	3	8	4	3,779	0	61	1,976	733	4	715	85	0	9		177	0	0	0	58	18,466
FI	1,310	17	49		316	1,135	4	112	2,216	136	5	99	10	2	61	34	36	5	42	73	139	407	1	1	25	0		4	0	0	0	83	6,322
SE	1,276	31	129		0	103	7	2,741	2,890	222	48	0	140	0	115	39	319	180	73	244	1,266	0	32	43	24	2		152	1	0	0	135	10,212
UK	2,567	829	1,213		4,023	41	0	6,509	77,870	7,503	88	2,857	13,694	41	110	74	530	3,117	1,021	840	4,266	3,707	59	79	311	60		0	15	0	0	494	131,918
IS	176	0	10		56	1	0	0	52	8	0	10	0	1	0	7	0	0	13	9	49	4	0	0	0	1		2	0	0	0	15	414
LI	11	0	488		91	0	0	3	21	25	1	3	0	0	0	0	20	0	95	221	26	0	3	2	88	1		0	0	0	0	1	1,100
NO	2,141	107	340		0	240	6	156	3,628	2,402	60	0	56	0	2,960	8	175	14	273	102	20,198	0	68	1	985	5		202	9	0	0	68	34,204
CH	842	185	777		27,849	1	26	609	569	619	0	1,070	35	11	5	34	1,042	14	460	471	347	305	618	132	353	39		91	0	0	4	0	36,508
Total	249,392	3,464	82,495		206,131	1,955	791	54,041	167,387	72,971	27,311	19,548	15,111	607	5,050	5,463	59,963	3,936	37,812	40,048	139,108	11,759	12,924	15,138	40,117	758		5,111	64	0	138	12,167	1,290,760

* Imputed data for CZ, DE, IE, IT, LV and PT.

Source PD S1 Questionnaire

Table A2.3 Number of PDs S1 *issued to insured persons of working age*, breakdown by receiving Member State, *stock*, 2016

	Issuing Member State																														Total	
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI		NO
BE	0	228	407	68	16,839	199	302	98	384	590	110	2,066	43	187	8	45,312	128	36	40,321	72	660	286	562	230	258	152		356	24	14	168	110,108
BG	47	0	63	39	148	70	0	10	5	0	4	19	3	35	17	25	3	0	218	485	69	0	34	27	286	8	1	0	0	9	1,625	
CZ	251	20	0	54	0	4	0	14	29	3	16	0	24	0	1	713	44	1	667	10,043	478	0	31	40	1,602	17	56	0	130	132	14,370	
DK	32	7	0	0	0	4	0	1	7	1,161	4	0	1	0	1	13	14	0	11	3	30	0	17	6	7	0	4	2	0	14	1,339	
DE	6,626	176	0	577	0	33	0	114	571	44	144	0	8	0	25	45,763	239	6	38,993	21,294	1,839	0	395	96	193	128	560	17	91	22,776	140,708	
EE	5	0	6	9	65	0	2	1	1	7	0	3	0	19	17	3	3	0	26	0	19	0	1	0	2	773	9	0	0	3	974	
IE	26	5	1	16	15	2	0	0	9	64	5	0	1	0	0	15	0	2	30	0	33	0	10	0	1	0	0	0	0	17	252	
EL	65	73	23	28	341	4	1	0	18	432	2	200	18	7	0	25	1	0	114	114	34	0	39	2	23	28	0	0	0	44	1,636	
ES	566	29	22	139	1,103	5	135	11	0	48	12	151	2	3	5	168	24	58	437	45	87	601	139	15	37	16	4,165	6	0	229	8,258	
FR	61,814	49	10	158	5,435	19	13	15	3,378	0	21	270	7	0	7	90,191	35	24	892	51	343	58	122	40	52	40	1,066	6	1	24,749	188,866	
HR	10	15	11	7	489	0	0	0	1	28	0	231	0	0	12	27	23	23	22	1,092	19	0	8	301	268	1	17	0	0	0	2,605	
IT	398	64	0	107	0	6	0	43	84	2,576	39	0	1	0	6	336	15	12	153	327	220	0	192	279	76	28	38	2	0	606	5,608	
CY	3	7	5	1	2	0	5	3	3	0	0	5	0	0	0	2	0	0	3	1	9	0	7	0	6	0	4	0	7	5	78	
LV	15	0	0	20	0	23	0	0	1	1	0	0	0	0	2	9	6	7	357	4	20	0	0	1	2	0	2	0	0	4	474	
LT	25	5	9	21	505	64	40	0	3	91	0	2	2	318	0	15	4	9	454	1	94	3	4	16	14	53	37	0	0	2	1,791	
LU	1,522	9	37	12	405	3	11	2	9	9	7	101	0	1	5	0	8	15	55	4	32	45	29	2	4	10	7	3	0	13	2,360	
HU	215	20	130	56	9,198	3	24	1	18	0	70	64	6	4	3	117	0	20	1,115	31,230	110	1	1,124	158	4,476	6	30	1	5	158	48,363	
MT	9	0	0	1	6	0	1	0	1	19	0	9	0	0	0	7	1	0	14	0	2	0	0	0	0	0	2	0	0	13	85	
NL	19,109	27	50	110	10,416	13	115	15	77	18	13	229	9	7	6	1,161	27	164	4,938	39	129	13	73	16	35	12	289	9	150	81	37,350	
AT	149	69	336	32	17,155	5	17	9	47	7	46	603	12	23	2	87	161	6	113	0	143	27	153	129	699	28	49	2	1	184	20,294	
PL	2,844	14	11,214	98	56,763	28	93	4	47	4	9	147	28	4	27	1,260	23	36	20,780	3,976	0	8	41	88	715	45	214	0	37	241	98,788	
PT	146	6	0	25	0	1	0	5	468	19	5	0	3	0	0	249	0	2	229	1	20	0	77	6	4	2	2	1	0	46	1,317	
RO	625	21	101	35	1,707	16	0	7	12	3	6	113	93	0	1	456	193	2	1,769	3,359	809	1	0	21	1,651	0	0	0	14	92	11,107	
SI	12	5	15	8	213	1	0	0	4	15	127	1,821	1	0	0	2	24	1	22	12,250	24	0	3	0	86	0	3	0	1	22	14,660	
SK	159	26	11,644	62	2,379	0	33	7	8	21	7	364	6	0	4	344	6,086	2	1,322	37,987	186	8	36	99	0	26	39	0	40	199	61,094	
FI	16	6	6	1	26	43	1	0	5	12	5	13	1	1	0	11	7	2	15	2	20	0	10	1	8	0	5	0	0	22	239	
SE	89	18	0	1	0	13	0	14	5	7	11	0	1	0	1	53	13	0	67	8	86	0	44	3	17	0	11	4	0	21	487	
UK	326	20	14	104	62	16	0	12	46	20	11	9	3	1	2	120	4	9	194	13	118	3	68	16	22	1	0	5	0	108	1,327	
IS	1	0	1	4	4	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	6	0	0	0	0	0	1	0	0	0	20	
LI	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	100	0	0	0	0	1	0	0	0	0	0	104	
NO	27	3	0	0	0	4	0	1	1	10	5	0	0	0	0	6	2	0	38	1	33	0	16	2	3	1	9	3	0	5	170	
CH	239	26	85	37	2,227	7	11	12	93	65	0	1,824	4	2	2	131	2	3	166	294	64	166	40	15	29	37	55	3	1	0	5,640	
Total	95,371	948	24,190	1,830	125,503	586	804	399	5,336	5,277	679	8,845	277	612	154	186,622	7,090	440	113,535	122,796	5,736	1220	3,275	1,609	10,577	1,412	7,031	88	492	49,963	782,697	

* Imputed data for CZ, DE, IE, IT, LV and PT.

Source PD S1 Questionnaire

Table A2.4 Number of PDs S1 *issued to pensioners*, breakdown by receiving Member State, *stock*, 2016

	Issuing Member State																																Total
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	
BE	0	164	9	0	2,831	1	24	45	95	5	7	1,416	3	3	7	2,974	11	0	13,723	22	138	320	255	0	9	12		444	0	0	59	22,577	
BG	61	0	32	0	272	8	3	187	52	0	0	137	7	2	8	5	4	0	134	32	15	4	6	0	3	7		679	0	0	28	1,686	
CZ	21	87	0	0	0	0	0	61	13	0	9	0	1	0	4	11	9	0	204	103	165	0	44	4	656	4		142	1	0	49	1,588	
DK	8	6	0	0	0	0	0	0	4	26	0	0	0	0	2	14	1	0	73	2	19	0	14	0	0	0		32	1	0	0	202	
DE	680	1,770	0	0	0	111	0	922	457	0	128	0	4	0	256	3,813	480	0	11,963	3,494	4,791	0	3,448	33	48	103		2,831	8	0	2,045	37,385	
EE	4	0	0	0	24	0	0	0	1	0	0	9	0	24	22	2	0	0	10	1	2	0	0	0	0	326		23	1	0	1	450	
IE	28	23	4	0	107	8	0	2	5	0	1	8	0	27	69	5	6	1	299	2	169	1	28	1	3	4		0	0	0	12	813	
EL	359	146	9	0	23,527	2	15	0	13	3	0	369	305	2	1	9	2	0	886	92	34	6	37	0	1	19		2,307	0	0	232	28,376	
ES	4,644	1,186	41	0	14,722	28	554	20	0	7	3	4,080	2	30	65	239	48	2	11,566	314	200	1050	2,579	6	7	2,110		61,176	14	1	449	105,143	
FR	9,081	419	0	0	871	7	57	94	733	0	0	375	3	0	17	5,342	28	2	7,642	116	279	235	920	0	6	195		36,739	1	0	1,749	64,911	
HR	57	4	11	0	11,771	1	1	0	1	0	0	233	0	2	0	2	3	0	446	1,902	3	0	6	5,806	1	6		59	0	0	0	20,315	
IT	1,562	412	0	0	0	4	0	47	145	20	41	0	0	0	8	373	29	4	1,406	204	276	0	2,864	17	7	38		2,516	1	3	255	10,232	
CY	19	63	4	0	65	0	16	308	2	0	0	155	0	1	2	0	1	1	121	15	5	0	36	0	0	8		10,149	0	0	32	11,003	
LV	1	0	0	0	0	4	0	0	0	0	0	0	0	0	14	1	0	0	13	2	3	0	0	0	0	2		35	0	0	4	79	
LT	2	0	3	0	80	18	0	1	6	1	0	11	0	194	0	3	0	0	23	3	13	0	0	0	0	2		32	0	0	2	394	
LU	645	28	1	0	194	1	0	17	11	1	1	108	0	1	1	0	3	0	175	8	11	363	44	0	0	12		53	0	0	7	1,685	
HU	156	15	19	0	2,702	3	6	4	15	0	34	168	1	2	1	9	0	0	862	497	29	1	3,851	6	69	20		363	0	0	415	9,248	
MT	30	8	3	0	51	0	19	4	3	0	0	114	0	3	0	1	0	0	182	14	3	0	0	0	1	4		2,506	0	0	14	2,960	
NL	1,020	34	4	0	1,459	0	4	17	26	0	3	32	0	0	6	29	5	0	0	28	48	11	14	0	0	9		240	0	0	15	3,004	
AT	104	653	110	0	8,509	4	6	54	42	0	54	579	3	7	9	35	340	0	646	0	342	8	1,393	56	96	24		549	1	0	172	13,796	
PL	180	20	187	0	1,779	0	34	55	61	1	3	480	1	5	43	28	10	0	591	145	0	1	15	0	7	11		441	1	0	45	4,144	
PT	549	7	0	0	0	1	0	0	251	9	0	0	0	0	1	1,038	0	0	2,647	27	5	0	10	0	0	379		3,327	0	0	215	8,466	
RO	66	5	9	0	446	0	1	22	119	0	0	561	3	0	0	6	216	0	139	41	2	3	0	0	1	1		31	0	0	21	1,693	
SI	15	2	2	0	1,384	0	0	0	2	0	862	333	1	1	1	2	1	0	51	790	4	0	2	0	1	1		62	0	0	98	3,615	
SK	11	10	413	0	41	0	1	4	6	2	1	14	0	0	0	2	39	0	45	86	21	0	7	0	0	1		34	0	0	25	763	
FI	3	27	0	0	106	152	1	15	3	1	0	9	0	10	4	1	5	0	41	5	10	4	13	0	0	0		45	0	0	24	479	
SE	19	64	0	0	0	12	0	36	5	0	10	0	2	0	13	8	18	0	435	18	161	0	121	4	3	0		139	0	0	18	1,086	
UK	145	168	21	0	355	16	0	15	67	0	1	67	11	198	122	23	48	11	1,055	58	770	264	88	4	106	3		0	3	0	69	3,688	
IS	0	1	1	0	3	1	0	0	1	0	0	0	0	0	2	4	0	0	5	1	3	0	0	0	0	0		6	0	0	0	28	
LI	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	15	0	0	0	0	0	0		0	0	0	0	18	
NO	9	1	0	0	34	0	0	0	1	0	0	2	0	0	0	0	1	0	99	3	8	0	2	0	0	0		44	1	0	3	208	
CH	191	37	11	0	1,180	1	1	17	50	0	0	1,269	1	3	1	26	6	0	557	112	27	76	19	1	7	19		305	2	0	0	3,919	
Total	19,670	5,360	894	0	72,513	383	743	1,947	2,190	77	1,158	10,529	348	515	679	14,005	1,315	21	56,040	8,152	7,556	2347	15,816	5,938	1,032	3,320		125,309	35	4	6,058	363,954	

* Imputed data for CZ, DE, IE, IT, LV and PT.

Source PD S1 Questionnaire

Table A2.5 Number of claims received by the competent Member State for the payment of healthcare received abroad by persons with a PD S1, 2016

	Debtor																														Total
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	
BE	976	232	684	10,093	325	0	1,101	3,884	79	23	44	50	203	16	107,988	319	1,597		1,331	377	427	0	182	0	0	0	800	130,731			
BG	0	54	18	455	31	0	76	174	110	4	38	22	1	0	100	51	174		55	12	14	0	32	0	0	0	169	1,590			
CZ	196	0	165	77,156	13	0	76	1,240	571	59	141	15	134	0	2,658	30,394	1,709		106	94	265	0	85	0	0	0	1,587	116,664			
DK	0	1	0	51	0	0	0	0	3	0	0	2	1	0	157	5	6		1	1	0	0	0	0	0	0	0	228			
DE	6,457	4,178	41,403	0	1,006	0	3,924	23,485	30,437	737	1,121	2,064	2,404	35	206,366	152,913	34,811		17,847	415	848	0	1,755	0	0	0	73,076	605,282			
EE	0	6	179	854	0	0	9	0	20	0	4	200	0	0	293	0	59		5	0	0	0	577	0	0	0	30	2,236			
IE	0	0	0	0	1	0	1	0	0	0	13	0	0	0	91	0	17		0	0	0	1	0	0	0	0	0	124			
EL	2	6	0	31,545	17	0	0	0	389	0	725	0	0	0	722	251	33		3	0	0	0	0	0	0	0	283	33,976			
ES	879	52	2,573	18,719	28	758	21	0	901	6	92	47	4	0	13,905	1,904	444		2,510	13	22	2,415	3,018	83,111	59	4,031	520	136,032			
FR	604	255	4,861	165,241	105	0	489	25,808	0	23	58	128	144	23	30,875	1,016	864		1,555	88	72	0	1,574	0	0	0	11,389	245,172			
HR	0	48	0	71,036	2	0	0	0	771	0	0	0	64	0	816	22,149	29		7	29,844	45	0	0	0	0	0	0	124,811			
IT	0	64	66	20,396	28	0	359	4,421	12,905	111	2	21	31	9	1,906	4,651	745		6,322	226	31	0	147	2,166	0	0	611	55,218			
CY	56	3	13	89	0	0	2	0	0	0	0	1	0	0	115	5	7		26	1	1	11	123	76	0	39	29	597			
LV	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2	12		0	0	0	0	0	0	0	0	0	16			
LT	0	29	254	345	52	0	1	0	25	0	1	0	0	0	296	24	98		27	1	11	0	0	0	0	0	7	1,171			
LU	7	67	86	1,385	8	0	204	0	2,136	33	2	59	18	9	513	48	164		94	2	9	0	0	0	0	0	80	4,924			
HU	131	229	0	30,939	18	0	0	407	1,140	265	32	22	0	0	3,266	75,067	201		22,932	155	4,388	0	510	0	0	31	2,129	141,862			
MT	0	1	2	0	0	0	1	0	8	0	2	0	0	0	20	1,333	0		0	0	0	0	9	0	0	0	0	1,376			
NL	27	241	511	40,636	89	9	56	984	503	8	76	19	42	5	0	146	599		228	78	44	6	19	350	0	57	117	44,850			
AT	3,129	1,503	341	145,529	70	0	628	2,744	2,730	537	188	52	2,198	15	4,503	0	3,557		11,769	232	2,330	0	985	0	0	0	748	183,788			
PL	0	37,501	23,395	235,468	44	1,783	63	0	5,403	20	310	726	100	22	55,943	22,970	0		89	329	3,399	0	1,471	0	0	1,045	1,521	391,602			
PT	10	6	0	1,955	0	0	2	0	74	0	3	0	0	0	2,453	28	6		6	4	0	220	0	9,955	0	0	242	14,964			
RO	0	2	10	0	0	0	4	0	38	0	4	0	102	0	70	13	35		0	0	8	0	3	0	0	0	15	304			
SI	0	31	7	4,056	0	0	128	266	203	1,960	3	3	48	0	106	24,738	42		34	0	39	0	47	0	0	0	259	31,970			
SK	121	51,828	345	19,552	0	0	0	463	428	6	35	19	17,149	1	1,788	37,907	580		369	265	0	0	18	0	0	0	1,434	132,308			
FI	16	5	0	1,059	620	2	19	0	8	2	7	8	0	3	151	61	49		35	0	1	0	0	0	0	0	33	2,079			
SE	8	13	0	770	10	0	6	1,485	10	6	41	13	1	0	808	8	240		132	2	5	0	0	135	0	0	7	3,700			
UK	0	0	0	0	0	0	9	0	0	1	110	0	0	0	3,894	88	413		0	0	0	0	137	0	0	0	0	4,652			
IS	0	3	0	0	0	0	0	0	1	0	0	0	0	0	0	5	1		0	0	0	0	0	0	0	0	0	10			
LI	0	0	0	0	0	0	0	0	59	0	0	0	0	0	16	319	0		0	0	0	0	0	0	0	0	0	394			
NO	0	0	0	60	0	0	0	0	1	0	0	0	0	0	169	0	12		1	0	0	0	0	0	0	0	3	246			
CH	55	359	1,013	27,317	72	0	577	3,618	19,199	0	12	17	44	0	5,909	3,101	648		564	54	147	0	713	0	0	0	0	63,419			
Total	12,674	96,717	75,926	904,706	2,539	2,552	7,756	68,979	78,152	3,801	3,065	3,488	22,688	138	445,898	379,516	47,152		66,048	32,193	12,106	10,153	11,405	95,793	59	5,203	95,089	2,483,796			

Source PD S1 Questionnaire

Table A2.6 Amount to be paid by the competent Member State for healthcare received abroad by persons with a PD S1, 2016

	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total	
BE	0	12,856	73,405	312,915	8,175,209	99,880	0	169,501	28,440,554	29,697	16,510	66,530	0	9,316	95,683,135	469,215	1,859,697	1,045,911	72,403	297,526	0	608,221	0	0	0	0	0	0	0	0	0	0	137,442,480	
BG	21,594	0	7,523	3,634	51,614	5,936	0	24,952	10,327	0	0	728	0	0	1,592,071	19,699	8,572	2,823	739	977	0	5,278	0	0	0	0	0	0	0	0	0	0	1,756,465	
CZ	59,561	19,110	0	31,239	10,085,025	1,362	0	52,908	143,712	15,443	0	63,826	0	0	281,006	3,588,024	511,223	12,532	39,473	6,178,380	0	32,614	0	0	0	0	0	0	0	0	0	0	21,115,438	
DK	26,633	0	3,241	0	257,339	0	0	0	882	0	0	2,287	0	0	200,180	0	14,492	159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	505,213	
DE	18,428,596	2,450,154	2,596,857	15,756,181	0	744,024	0	466,510	16,711,538	312,379	0	1,762,247	0	9,950	89,708,379	71,986,594	23,389,865	13,948,393	77,266	762,425	0	1,297,592	7,338	0	0	0	0	0	0	0	0	0	260,416,289	
EE	2,393	0	264	7,816	124,627	0	0	0	2,668	0	105	22,850	0	0	81,343	0	21,100	243	0	1,725	0	71,459	0	0	0	0	0	0	0	0	0	0	336,592	
IE	17,656	0	0	0	0	0	0	0	0	0	0	0	0	0	458,626	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	476,282	
EL	751,923	22,166	933	0	4,994,260	0	2,119	0	45,299	0	0	0	0	0	197,213	51,884	505	212	0	69	0	0	0	0	0	0	0	0	0	0	0	0	6,066,585	
ES	29,644,508	0	150,166	7,025,619	46,895,292	58,996	0	0	47,114,392	7,663	0	113,707	0	0	32,007,274	1,602,458	392,177	5,722,296	0	48,330	6,500,142	7,601,994	0	10,935,718	0	0	0	0	0	0	0	0	195,820,733	
FR	151,756,976	576,623	197,349	6,645,551	131,795,095	150,767	6,959	30,687	0	19,903	0	184,234	0	3,659	36,471,234	1,523,104	3,293,869	2,710,087	2,954	170,279	0	2,175,654	0	0	0	0	0	0	0	0	0	0	337,714,983	
HR	160,156	0	10,492	0	15,815,568	267	0	0	258,552	0	0	0	0	0	2,229,167	3,303,711	3,014	547	3,379,143	7,047	0	0	0	0	0	0	0	0	0	0	0	0	25,167,665	
IT	12,286,448	0	100,704	169,160	13,986,412	24,879	45,727	2,851	5,328,096	68,029	0	5,770	0	1,441	1,287,418	1,702,295	327,797	5,945,665	72,551	10,246	0	70,557	0	0	0	0	0	0	0	0	0	0	41,436,048	
CY	16,789	18,551	3,763	11,201	90,319	0	16,899	1,155	12,794	0	0	1,332	0	0	106,318	221	2,809	20,405	1,253	313	8,441	0	0	32,565	0	0	0	0	0	0	0	0	345,129	
LV	225	0	0	0	0	0	0	0	0	0	0	0	0	0	102	0	348	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	675	
LT	2,864	0	2,988	33,482	27,445	5,345	0	0	388	0	0	0	0	0	20,444	52	6,314	1,295	699	113	0	0	0	0	0	0	0	0	0	0	0	0	101,429	
LU	14,297,235	9,903	21,544	314,741	2,391,429	9,435	0	75,162	6,220,729	26,179	205	47,779	0	2,089	2,103,150	113,453	55,305	382,984	0	10,490	0	0	0	0	0	0	0	0	0	0	0	0	0	26,081,812
HU	247,929	1,827	20,979	0	2,942,271	1,762	464	0	173,179	31,945	0	1,189	0	0	596,954	4,255,280	57,604	5,256,820	0	472,790	0	117,962	0	6,782	0	0	0	0	0	0	0	0	14,185,737	
MT	27,452	0	23	191	0	0	20,251	733	42,912	0	0	0	0	0	9,113	64,953	3,660	0	0	1,944	0	23,582	0	0	0	0	0	0	0	0	0	0	0	194,814
NL	25,633,476	14,089	53,311	138,159	26,928,979	75,175	0	177,556	273,684	0	7,994	95,478	0	405	0	107,334	462,570	128,055	23,050	39,327	24,976	0	0	174,817	0	0	0	0	0	0	0	0	54,358,432	
AT	2,491,706	920,968	629,416	0	68,632,043	12,471	0	527,398	1,624,757	313,592	25,646	7,708	0	2,387	2,811,252	0	1,187,057	6,524,690	105,674	1,185,897	0	551,525	0	0	0	0	0	0	0	0	0	0	0	87,554,187
PL	2,724	0	1,724,626	895,853	10,203,207	2,974	185,591	7,932	684,695	1,264	0	43,801	0	324	1,963,287	1,084,966	0	3,744	21,223	112,452	0	92,129	0	98,828	0	0	0	0	0	0	0	0	17,129,618	
PT	1,092,037	0	5,518	0	2,389,880	0	17,774	0	153,965	0	0	0	0	0	2,518,212	24,272	521	2,598	908	0	0	0	0	0	0	0	0	0	0	0	0	0	6,205,685	
RO	6,124	4	76	732	0	0	0	0	628	0	0	0	0	0	3,639	268	1,132	0	0	3,653	0	102	0	0	0	0	0	0	0	0	0	0	16,357	
SI	178,418	0	17,511	9,637	3,176,201	0	0	3,353	223,109	2,108,119	0	6,037	491	0	98,920	5,695,288	9,958	26,919	0	26,367	0	49,963	0	0	0	0	0	0	0	0	0	0	11,630,291	
SK	42,462	26,425	11,014,865	36,698	2,085,065	0	0	5,290	50,616	284	0	2,421	70	10	560,566	4,270,757	35,801	99,238	35,090	0	0	7,019	0	0	0	0	0	0	0	0	0	0	18,272,677	
FI	93,362	0	655	0	915,152	724,492	0	31,711	48,051	0	512	24,028	0	563	494,673	69,737	17,105	45,748	0	1,377	0	0	0	0	0	0	0	0	0	0	0	0	2,467,167	
SE	385,967	3,031	20,025	0	3,744,258	34,444	0	6,972	22,545	0	0	71,612	0	0	3,586,603	136	232,250	390,656	0	20,157	0	0	0	0	0	0	0	0	0	0	0	0	8,518,656	
UK	8,172,937	0	0	0	0	0	0	3,035	0	0	0	0	0	0	12,827,366	0	170	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,003,508	
IS	103,150	0	163	0	0	0	0	0	3,049	0	0	0	0	0	0	0	0	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	106,427	
LI	6,699	0	0	0	0	0	0	0	51,876	0	0	0	0	0	9,284	75,996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	143,854	
NO	98,518	0	0	0	423,273	0	0	0	12,208	0	0	0	0	0	1,355,596	0	0	4,457	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,894,052	
CH	3,593,181	24,815	88,534	306,437	12,480,167	12,674	0	160,717	15,777,867	0	0	6,587	0	0	270,080	3,661,031	327,663	164,774	11,464	36,274	0	285,873	0	0	0	0	0	0	0	0	0	0	37,208,137	
Total	269,649,699	4,100,522	16,744,933	31,699,246	368,610,128	1,964,880	295,784	1,748,423	123,422,054	2,934,497	50,972	2,530,148	561	30,144	289,532,607	103,670,728	32,222,642	42,441,252	3,843,891	9,388,158	8,223,559	12,991,524	7,338	11,248,709	1,337,352,399									

Source PD S1 Questionnaire

Table A2.7 Number of claims issued by the Member State of treatment for the reimbursement of costs for persons with a PD S1 having received healthcare, 2016

	Creditor																																CH	Total
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO			
BE	0	113	248	0	19,426	25	4	1,079	10,464	223,136	413	29	0	51	691	27	41,411	3,510	11,620	26	75	1	9	9	142	0				3,981	316,490			
BG	1,955	0	247	0	6,034	0	1	60	1,064	1,301	21	515	0	4	50	1	121	4,668	320	0	9	79	22	10	160	0				460	17,102			
CZ	742	113	0	0	3,625	6	0	3	63	255	48	17	0	30	241	0	242	3,988	42,633	1	31	27,653	5	14	16	2				375	80,103			
DK	862	17	191	0	40,940	179	0	47	2,871	4,861	82	19	0	260	272	3	441	3,563	22,879	11	7	0	0	0	0	0	0				715	78,220		
DE	13,173	152	81,611	158	0	342	51	11,652	18,854	165,195	57,419	176	0	692	25,374	45	38,905	231,847	264,541	78	4,056	14,162	182	765	494	0				21,677	951,601			
EE	346	10	12	0	971	0	1	17	32	166	2	10	0	52	18	0	89	118	42	2	0	0	593	10	0	0				76	2,567			
IE	888	0	99	0	1,422	1	0	3	1,041	1,258	8	53	0	57	95	5	271	513	4,475	0	0	158	2	0	0	0				98	10,447			
EL	1,983	94	138	0	10,677	22	1	0	100	935	13	1,224	0	2	49	0	166	1,625	575	0	29	15	25	12	13	0				728	18,426			
ES	3,892	68	169	0	5,594	0	0	5	0	17,600	1	12	0	13	95	0	400	2,133	1,432	18	8	40	26	10	66	1				2,039	33,622			
FR	89,184	24	467	214	30,438	20	5	188	26,262	0	756	56	0	25	1,149	12	559	5,094	5,107	16	203	56	34	39	196	1				19,759	179,864			
HR	180	0	62	0	1,076	0	0	0	16	28	0	1	0	0	265	0	9	1,945	31	0	1,960	4	1	0	0	0				0	5,578			
IT	11,178	115	779	0	22,855	154	3	90	5,025	14,497	1,553	175	0	19	619	32	907	19,625	6,054	106	5,093	843	38	31	53	4				33,628	123,476			
CY	180	26	81	0	69	0	0	80	6	34	0	0	0	0	10	0	36	132	228	0	3	0	0	0	0	0				0	885			
LV	456	2	14	0	3,639	407	0	1	34	76	1	48	0	580	22	0	38	190	41	0	1	14	10	4	7	0				8	5,593			
LT	208	17	14	2	2,065	200	6	0	59	126	0	28	0	0	19	0	12	132	632	0	3	0	8	13	71	0				18	3,633			
LU	152,312	3	2,100	0	108,496	19	0	0	322	403,212	61	1	0	5	86	0	4,481	2,389	7,582	15	3	383	1	0	27	0				879	682,377			
HU	664	1	148	0	2,465	0	1	4	45	171	44	49	0	3	0	0	41	4,973	130	1	50	17,897	5	11	1	0				56	26,760			
MT	35	0	0	0	43	0	0	0	4	46	3	2	0	0	0	0	11	22	43	0	3	0	6	0	0	0				0	218			
NL	114,333	35	1,773	1	222,409	294	109	404	12,768	30,875	816	117	0	295	3,191	22	0	12,731	55,835	90	106	2,006	42	376	8,798	0				6,080	473,506			
AT	194	189	29,880	145	108,296	3	3	70	383	577	13,067	29	0	6	76,953	11	155	0	22,373	35	22,369	127,652	10	4	50	1				2,268	404,723			
PL	3,603	57	1,783	0	33,919	59	13	24	255	2,724	40	24	0	99	263	1	549	6,116		15	43	445	28	99	461	1				625	51,246			
PT	2,693	19	19	0	2,747	0	0	0	2,679	6,477	0	5	0	5	0	0	79	582	65	0	0	26	12	2	175	0				2,783	18,368			
RO	2,115	6	220	0	12,536	2	2	33	2,650	2,981	23	142	0	13	17,858	0	189	9,836	205	0	23	119	18	88	23	0				462	49,544			
SI	565	0	89	0	456	0	0	0	15	91	29,844	2	0	9	298	0	78	1,998	308	0	0	136	0	2	4	0				53	33,948			
SK	903	6	14,259	0	935	0	3	0	27	117	47	37	0	11	5,916	0	44	5,147	3,353	2	41	0	1	5	21	0				159	31,034			
FI	495	4	47	0	1,465	4,432	3	5	2,484	860	9	31	0	45	62	3	83	934	622	0	2	78	0	0	0	0				450	12,114			
SE	941	28	216	0	5,268	643	0	968	3,023	4,921	100	197	0	98	804	27	202	3,569	6,214	1	92	22	0	0	148	0				960	28,442			
UK	5,970	529	1,267	0	23,593	0	0	1,137	93,316	176,402	171	16,983	0	182	0	0	2,794	12,745	27,327	0	151	492	0	127	0	14				6,286	369,486			
IS	92	0	13	0	159	0	0	0	60	24	0	0	0	0	0	0	9	121	266	0	0	0	0	0	0	0				65	809			
LI	33	0	323	0	1,318	0	0	2	20	36	2	0	0	0	43	0	338	1,117	141	0	0	51	0	0	0	0				6	3,430			
NO	729	33	379	0	5,010	822	4	11	4,167	1,371	96	65	0	4,275	272	1	857	871	107,452	5	3	664	0	0	0	0				306	127,393			
CH	1,365	97	1,262	227	62,746	30	1	191	511	19,334	0	39	0	7	2,093	0	1,450	6,814	1,576	7	259	1,429	38	7	29	0				0	99,512			
Total	412,269	1,758	137,910	747	740,692	7,660	211	16,074	188,620	1,079,687	104,640	20,086	0	6,838	136,808	190	94,967	349,048	594,102	429	34,623	194,425	1,116	1,638	10,955	24				105,000	4,240,517			

Source PD S1 Questionnaire

Table A2.8 Amount to be received by the Member State of treatment as reimbursement of costs for persons with a PD S1 having received healthcare, 2016

	Creditor																																
	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH	Total
BE	0	11,465	75,116	0	11,951,127	1,020	0	0	0	190,948,479	158,858	16,036	2,396	0	21,805	361,874	3,098	858	93,269	18,904	17,446	33,290	0	12,846	203,727,887								
BG	993,891	0	84,146	0	5,989,641	0	0	10,791	2,965,278	0	0	0	202	0	466	538,117	0	0	0	3,103	310	64,497	0	0	10,650,442								
CZ	136,556	5,376	0	0	2,235,049	264	0	46	197,285	269,785	0	0	3,013	0	0	401,616	71,423	6	15,152	9,939,496	655	11,771	0	0	13,287,492								
DK	533,750	9,089	32,325	0	15,070,349	7,816	0	780	6,645,551	46,788	13,627	31,963	22,925	191	209,484	406,145	352	9,639	31,815	0	0	0	0	23,072,590									
DE	9,665,047	22,725	10,825,273	79,578	0	9,833	6,965	0	131,754,312	29,799,519	41,970	96,144	198,398	9,220	35,061,011	5,333,588	14,079	3,532,309	1,054,871	308,113	3,556,539	262,827	231,632,321										
EE	165,276	5,359	1,338	0	970,473	0	0	996	297,269	2,655	2,104	0	1,777	0	16,640	3,332	13	0	0	724,849	33,248	0	2,225,329										
IE	517,156	1	23,647	0	493,520	0	0	0	1,494,477	6,768	18,231	6,145	0	16,271	23,529	331,979	0	0	34,179	0	0	0	2,965,902										
EL	2,544,758	87,200	79,845	0	6,765,134	86	0	0	1,094,638	5,717	81	104	0	0	178,879	8,031	0	11,708	5,772	33,100	30,426	0	10,845,480										
ES	5,055,831	24,987	32,122	0	4,302,057	0	0	0	12,399,429	56,474	15	1,254	0	0	155,988	44,961	1,907	1,077	8,245	178,482	35,106	0	22,297,936										
FR	60,871,637	11,687	103,375	0	21,658,603	212	0	0	0	472,162	23,473	1,955	123,872	751	728,174	332,164	660	217,369	47,541	47,015	32,987	25,306	84,698,943										
HR	213,498	0	27,572	0	1,040,261	0	0	0	8,648	0	0	0	0	0	189,880	1,314	0	2,168,303	284	0	0	0	3,649,760										
IT	13,129,238	42,850	214,691	0	16,074,531	0	0	0	23,037,412	563,631	76,318	3,120	0	53,489	1,651,261	352,991	11,714	795,712	25,682	32,126	59,680	10,638	56,135,083										
CY	62,903	54,783	10,219	0	25,068	0	0	0	90,653	774	0	0	0	0	17,870	3,065	0	3,932	33,372	0	0	0	302,638										
LV	215,083	1,373	17,469	0	2,202,179	0	0	0	178,463	5,661	312	195,486	0	0	2,181	2,568	0	4,693	240	0	3,394	0	2,829,102										
LT	291,223	5,619	58,831	2,243	1,797,354	22,850	0	0	182,516	43,673	14,034	0	876	0	14,763	20,018	0	9,010	2,582	6,618	71,612	0	2,543,821										
LU	74,442,245	519	281,451	0	55,701,963	913	0	0	231,541,787	55,973	409	267	9,612	0	294,993	227,921	173	426	78,585	17	0	0	362,637,255										
HU	677,987	141	19,820	0	2,560,431	0	0	4	457,670	55,934	294	135	0	0	440,336	4,327	105	8,052	1,835,010	9,389	66,119	0	6,135,753										
MT	15,926	0	0	0	27,085	0	0	0	6,845	71	0	0	0	0	3,652	315	0	563	10	272	0	0	54,739										
NL	53,918,701	10,908	562,770	28	98,814,509	0	230,037	219,386	37,088,632	148,257	114,802	23,560	143,896	10,406	2,047,328	2,183,842	21,960	74,797	260,974	103,691	1,506,031	225,787	197,710,301										
AT	499,136	31,668	3,919,155	0	51,440,259	322	0	0	681,920	3,420,544	198	1,149	109	1,263	0	691,015	764	2,442,740	19,057,052	14,735	4,325	4,502	82,210,856										
PL	5,978,604	9,593	578,026	0	32,698,182	21,100	0	0	4,087,103	289,575	16,606	12,261	34,273	35	653,153	0	1,126	9,970	35,814	20,065	449,481	0	44,894,966										
PT	0	0	2,653	0	2,109,626	0	0	0	13,738,087	0	0	3,590	0	0	27,284	7,942	0	0	0	109	302	0	15,889,594										
RO	4,290,443	2,936	180,169	0	12,922,508	64	0	0	5,427,087	2,528	16,649	645	11,807	0	2,475,383	3,574	0	26,919	99,307	35,421	329,547	0	25,824,987										
SI	358,273	559	14,020	0	357,245	0	0	0	27,303	3,725,964	3,367	905	4,819	0	224,836	20,407	0	0	35,090	0	10,149	0	4,782,936										
SK	777,914	460	5,753,178	0	687,349	0	0	0	182,238	180,880	2,397	628	6,783	0	653,604	78,496	3,612	26,150	0	1,377	18,969	0	8,374,034										
FI	0	495	9,808	0	770,245	0	0	2,047	1,323,570	19,051	12,062	2,054	0	483	67,384	18,664	0	50	2,138	0	0	2,228,052											
SE	920,979	14,969	68,423	0	3,942,745	0	0	0	6,932,840	183,912	132,707	11,057	38,686	8,977	530,475	366,271	37	106,598	14,999	0	0	13,273,675											
UK	10,269,494	0	361,051	0	18,991,080	0	0	0	227,191,636	433,734	14,530,374	44,118	0	0	419,083	61,788	0	79,752	150,497	0	702,039	0	273,234,647										
IS	32,680	0	2,262	0	144,916	0	0	0	9,836	2,131	0	0	0	0	11,571	4,806	0	0	0	0	0	208,202											
LI	3,510	0	49,003	0	637,614	0	0	2,220	20,525	1,831	0	0	0	0	155,392	3,498	0	0	15,831	2,369	0	891,792											
NO	799,269	5,780	66,289	0	2,845,793	81,623	0	110	1,834,006	3	53,356	410,967	16,969	35	218,168	1,964,239	570	441	217,396	0	0	0	8,515,015										
CH	1,354,015	9,208	270,355	0	36,636,946	0	0	0	11,459,090	0	0	1,818	0	0	833,759	78,278	30	74,040	139,962	386	15,720	23,007	50,896,614										
Total	248,735,022	369,750	23,724,402	81,848	411,863,841	146,103	237,002	236,379	913,304,583	39,896,882	15,089,422	854,935	614,801	123,392	48,607,668	12,630,061	57,967	9,712,672	33,137,897	1,536,548	7,035,232	564,913	1,768,617,294										

Source PD S1 Questionnaire

ANNEX III PORTABLE DOCUMENT S1

S1

Coordination of Social
Security Systems

Registering for health care cover
 EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your and your family members' certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) in your State of residence. Family members are only covered if they fulfil the conditions laid down in the legislation of the State of residence.
 The certificate must be handed over as soon as possible to the health care institution in the place of residence (**).
 For a list of health care institutions, see <http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number in the competent Member State	
1.2 Surname	
1.3 Forename	
1.4 Surname at birth (**)	
1.5 Date of birth	
1.6 Address in the State of residence	
1.6.1 Street, N°	1.6.3 Post code
1.6.2 Town	1.6.4 Country code ▼
1.7 Status	
<input type="checkbox"/> 1.7.1 Insured person	<input type="checkbox"/> 1.7.2 Family member of insured person
<input type="checkbox"/> 1.7.3 Pensioner	<input type="checkbox"/> 1.7.4 Family member of pensioner
<input type="checkbox"/> 1.7.5 Pension claimant	

2. LONG-TERM CARE BENEFITS IN CASH

☐ 2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

S1

Coordination of Social
Security Systems

Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON

(to be filled if the holder has a right to health care because of another person's insurance)

3.1	Personal Identification Number in the competent Member State		
3.2	Surname		
3.3	Forenames		
3.4	Surname at birth (*)		
3.5	Date of birth		
3.6	Address of the insured person if different from that in 1.6		
3.6.1	Street, N°	3.6.3	Post code
3.6.2	Town	3.6.4	Country code <input type="text"/>

4. INSURANCE COVERAGE FROM/TO:

4.1	Starting date	4.2	Ending date
-----	---------------	-----	-------------

5. INSTITUTION COMPLETING THE FORM

5.1	Name		
5.2	Street, N°		
5.3	Town		
5.4	Post code	5.5	Country code <input type="text"/>
5.6	Institution ID		
5.7	Office fax N°		
5.8	Office phone N°		
5.9	E-mail		
5.10	Date		
5.11	Signature		

STAMP

(*) Information given to the institution by the holder when this is not known by the institution.

Monitoring of healthcare reimbursement

Member States which have opted to claim reimbursement on the basis of fixed amounts

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SUMMARY OF MAIN FINDINGS

This chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement on the basis of fixed amounts. Data was collected through a questionnaire launched in the framework of the Administrative Commission for the Coordination of Social Security Systems.

The main aim of the monitoring through this yearly questionnaire is to assess the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (the Directive) on this type of reimbursement. However, only a limited number of Member States were able to provide data. In any case more data are required to make a comprehensive assessment of any potential impact.

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) or on the basis of fixed amounts (average costs). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can reimburse benefits in kind on the basis of fixed amounts in relation to certain categories of persons. These categories are: family members who do not reside in the same Member State as the insured person and to pensioners and members of their family. The Member States that apply fixed amounts reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of Regulation (EC) No 987/2009 (the implementing Regulation): Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway. Some 204,000 persons concerned reside in a lump-sum Member State, of which 158,000 in Spain. Moreover, most of these persons are pensioners.

Member States not listed in Annex IV of the basic Regulation⁵³ are required to cover the cost of healthcare under the Directive which they are not required to provide under the Regulations in some specific cases. This chapter examines such cases as well, and shows that the amounts to be paid by the Member States not listed in Annex IV of the basic Regulation are relatively low compared to the fixed amounts reimbursed by these Member States to the lump-sum Member States.

Member States listed in Annex 3 of the implementing Regulation may have to reimburse under the Directive some groups of their residents who received unplanned healthcare in a third Member State, while under the Regulations this will be financed by the competent Member State. Therefore, the Member State of residence might bear costs for healthcare for which it is not being reimbursed via the fixed amounts. Mainly pensioners and their family residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State.

Finally, Member States listed in Annex 3 of the implementing Regulation may have to reimburse - according to the Directive - costs of planned healthcare provided during a temporary stay in a third Member State to some categories of residents for whom another Member State is competent. However, no information is currently available on planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent.

⁵³ Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland.

1. INTRODUCTION

The reimbursement of cross-border healthcare is settled between Member States on the basis of actual expenditure (actual costs) or on the basis of fixed amounts (average costs). In principle, the general method of reimbursement is the refund on the basis of actual expenditure. Only by a way of exemption, those Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate, can reimburse benefits in kind on the basis of fixed amounts in relation to certain categories of persons. These categories are: family members who do not reside in the same Member State as the insured person and pensioners and members of their family. The Member States that apply fixed amounts reimbursements with regard to these categories of persons ("lump-sum Member States") are those listed in Annex 3 of Regulation (EC) No 987/2009: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway.

The questionnaire on the monitoring of healthcare reimbursement (*see Annex I*) in Member States which have opted to claim reimbursement on the basis of fixed amounts was launched within the framework of the Administrative Commission for the Coordination of Social Security Systems in order to identify the impact of Directive 2011/24/EU of on the application of patients' rights in cross-border healthcare (the Directive) on those Member States which have opted for the reimbursement on the basis of fixed amounts (lump-sum Member States).

Both Regulation (EC) No 987/2009 and the Directive define specific reporting obligations with regard to these lump-sum Member States:

- *According to Article 64(5) of Regulation (EC) No 987/2009 a review should be performed to evaluate the reductions defined in Article 64(3) of Regulation (EC) No 987/2009;*
- *According to Article 20(3) of the Directive Member States and the Commission shall have recourse to the Administrative Commission in order to address the financial consequences of the application of the Directive on the Member States which have opted for reimbursement on the basis of fixed amounts, in cases covered by Articles 20(4) and 27(5) of that Regulation.*

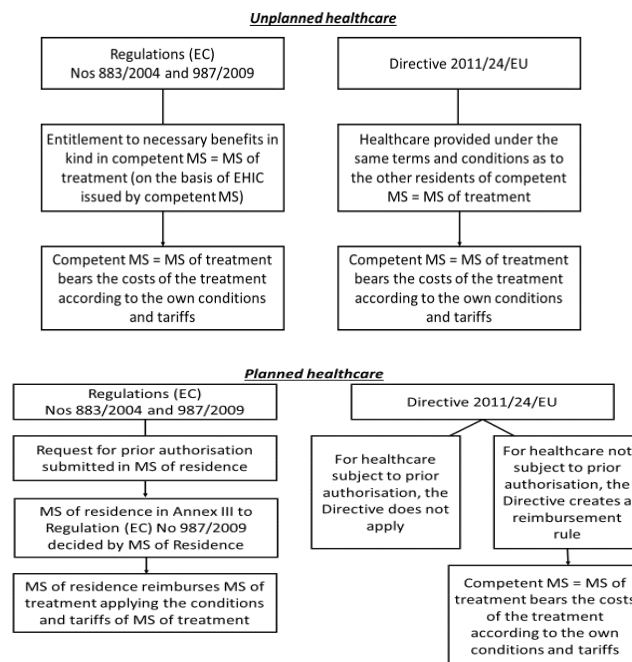
Three other questionnaires collecting data on cross-border healthcare (*i.e. the questionnaire on planned healthcare (PD S2), the one on unplanned healthcare (EHIC) and finally the one on persons entitled to healthcare residing in a Member State other than the competent Member State (PD S1)*) do not provide the detailed information required for the assessment of the impact of the Directive on lump-sum Member States. Nonetheless, some data collected by the 'PD S1 Questionnaire' may still be useful in order to complement the data collected on the monitoring of healthcare reimbursement.

1.1. An overview of the potential effects

The report from the Commission compliant with the obligations provided for under Article 20(3) of the Directive, and the note AC 070/14⁵⁴ highlighted the following scenarios under which the implementation of the Directive may have an effect on the fixed amounts as defined in Article 64 of Regulation (EC) 987/2009:⁵⁵

- "On the one hand, under the Directive, Member States not listed in Annex IV of Regulation (EC) No 883/2004 are required to provide healthcare which they are not required to provide under the Regulations. They may therefore consider that they are responsible for a greater proportion of total healthcare costs for the insured persons concerned than they previously were, and that this should be taken into account by increasing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 1)

Figure 1 Unplanned and planned healthcare for pensioners and their family members received in the competent Member State when residence is outside the competent Member State and whose competent Member State is not listed in Annex IV of Regulation (EC) No 883/2004



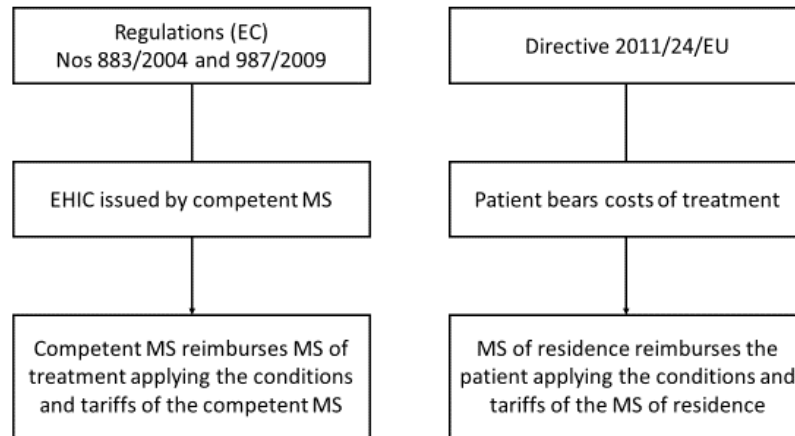
Source AC 246/12

- "On the other hand, under the Directive, Member States listed in Annex 3 of Regulation (EC) No 987/2009 may have to reimburse some groups of their residents for whom another Member State is competent for unplanned healthcare received in a third Member State, while under the Regulations it is financed by the competent Member State when it became necessary on medical ground during the stay. Therefore the Member State of residence might consider that it is now bearing costs for healthcare for which it is not being reimbursed via the fixed amounts, and that this should be taken into account by reducing the reductions defined in Article 64(3) of Regulation (EC) No 987/2009." (See also Figure 2)

⁵⁴ Subject: Possible impact of Directive 2011/24/EU on the interpretation of AC Decision S5 and on the size of the reductions defined in Article 64(3) of Regulation (EC) No 987/2009.

⁵⁵ See <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0044&from=EN>.

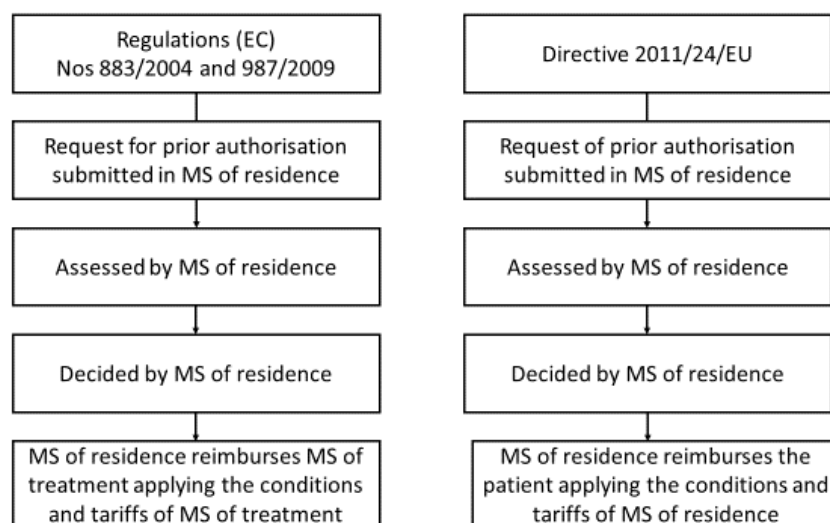
Figure 2 **Unplanned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to Regulation (EC) No 987/2009**



Source AC 246/12

- "In addition to those effects identified in the report envisaged by Article 20(3) of Directive 2011/24/EU as described above, Member States listed in Annex 3 of Regulation (EC) 987/2009 may have to reimburse under the terms of Directive costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent. In such circumstances, the Member State of residence might consider that it is unable to include these costs when calculating average costs, given the current interpretation of Decision S⁵⁶." (See also Figure 3)

Figure 3 **Planned healthcare for family members of frontier workers and pensioners and their family members received in a third Member State and residing in a Member State listed in Annex 3 to Regulation (EC) No 987/2009**



Source AC 246/12

⁵⁶ [http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424\(15\)&from=EN](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010D0424(15)&from=EN).

1.2. Respondent Member States to the questionnaire

The questionnaire is divided in three parts (*see Annex I*). The first part had to be answered by the lump-sum Member States listed in Annex 3 of Regulation (EC) No 987/2009. Ireland, Spain, Cyprus, Finland, Sweden and Norway (or 5 out of the 9 countries concerned) provided data on the number of persons involved for reference year 2016 (*Question 1*). Only Cyprus provided data on the number of PDs S2 (i.e. certificate of entitlement to scheduled treatment abroad) issued to pensioners or their family members in order to receive planned healthcare in the Member State where they are insured or in a third Member State (*Question 2*). No country provided input on the reimbursement of planned (*Question 3*) and unplanned healthcare (*Question 4*) received in a third Member State or in the competent Member State.

The second part of the questionnaire had to be answered by all Member States except those listed in Annex IV of the basic Regulation (Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland). Estonia, Malta, Portugal, Romania and Iceland, (5 out of 15 countries concerned), provided data for 2016 (*Question 5*).

The third and final part of the questionnaire had to be answered by all Member States. However, only Bulgaria, Greece, Luxembourg, Hungary, Austria, Poland, Slovenia and Iceland (8 out of 32 countries concerned) provided data for 2016 (*Question 6*).

While the deadline for the transposition of the Directive was 25 October 2013, many Member States completed their transposition during the reference year 2014. Nonetheless, four years after the transposition of the Directive many Member States still fail to provide data. In any case more data are required to make a proper assessment of any potential impact on lump-sum Member States and those Member States not listed in Annex IV of the Basic Regulation.

2. THE NUMBER OF PERSONS INVOLVED LIVING IN A LUMP-SUM MEMBER STATE

The Member States listed in Annex 3 of Regulation (EC) No 987/2009 will be reimbursed by the competent Member States on the basis of fixed amounts for the benefits in kind supplied to:⁵⁷

- family members who do not reside in the same Member State as the insured person, as provided for in Article 17 of the basic Regulation;
- pensioners and members of their family, as provided for in Article 24(1) and Articles 25 and 26 of the basic Regulation.

Table 1 provides the reported data by the lump-sum Member States on the number of persons involved. However, not all lump-sum Member States have replied to this question. Similar data are collected by the so-called 'PD S1 Questionnaire'.⁵⁸ These figures are reported in *Table 2*. Some 204,000 persons involved reside in a lump-sum Member State, of which 158,000 in Spain.

Out of the two specific groups of persons concerned as outlined above, the number of pensioners and their family members is in general much higher than the number of family members not residing in the same Member State as the insured person. Only Ireland (*Table 1*) and the Netherlands (*Table 2*) reported a lower number of pensioners and members of their family than the number of family members not residing in the same Member State as the insured person. It also confirms the conclusion made in the report from the Commission compliant with the obligations provided for under Article 20(3) of the Directive, namely that "both in terms of the number of involved and the amount of healthcare use, pensioners will be by some way the most significant group."

It is likely that mainly lump-sum Member States, where there is a high number of residents falling in these categories, will observe a potential effect of the Directive. The available data show that Spain has the highest number of incoming mobile pensioners insured in another Member State (*Tables 1 and 2*). Therefore this country and the Member States having issued the PD S1 for the persons residing there (mainly the United Kingdom⁵⁹) might be the first to observe an effect of the Directive.

⁵⁷ Article 63(2) of Regulation (EC) No 987/2009.

⁵⁸ De Wispelaere, F. and Pacolet, J. (2017), *The entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State. Report on S1 portable documents*, Network Statistics FMSSFE, European Commission.

⁵⁹ Some 61,000 pensioners are insured in the United Kingdom and reside in Spain.

Table 1 Quantification of the number of persons involved living in the Member States which apply fixed amount reimbursements with regard to these categories of persons, 2013-2016

	Number of family members who do not reside in the competent MS of the insured person (number of E109 forms received)				Total number of pensioners and members of the family (number of E121 forms received)			
	2016	2015	2014	2013	2016	2015	2014	2013
IE	1,216	368			649	162		
ES	429	443	453	1,338	157,374	156,570	156,060	166,294
CY	27				14,936			
NL		265	194	215		3,797	3,695	3,594
PT								
FI	2	1	0		480	1,358	1,332	1,240
SE	48				1,654			
UK			17				2,220	
NO	2	2	3	2	129	247	208	215

* FI and NO: the numbers reported by FI also include persons from the Nordic countries. This is however not the case for NO.

** Please note that ES has amended its figures for 2014.

Source Questionnaire on the monitoring of healthcare reimbursement, Question 1

Table 2 Number of persons with a PD S1 living in the Member States which apply fixed amount reimbursements with regard to these categories of persons, 2016

	Number of family members who do not reside in the competent MS of the insured person	Total number of pensioners and members of the family			Total
		<i>Pensioners</i>	<i>Family members</i>	<i>Subtotal</i>	
IE	61	612	45	657	718
ES	429	138,908	18,749	157,657	158,086
CY	90	13,068	1,868	14,936	15,026
NL	8,469	411	3,709	4,120	12,589
PT	685	1,288	9,755	11,043	11,728
FI	97	23	488	511	608
SE					
UK	42	418	4,400	4,818	4,860
NO					
Total	9,873	154,728	39,014	193,742	203,615

Source PD S1 Questionnaire

3. FIRST SCENARIO: HEALTHCARE PROVIDED UNDER THE DIRECTIVE BY MEMBER STATES NOT LISTED IN ANNEX IV OF REGULATION (EC) NO 883/2004

Member States not listed in Annex IV of the basic Regulation⁶⁰ are required to cover healthcare costs under the Directive which they are not required to cover under the Regulations in certain specific cases. This means that they might be responsible for a greater proportion of total healthcare costs currently not compensated by a higher reduction in the lump sums as defined in Article 64 of the Implementing Regulation.⁶¹ This reduction compensates the cost of unplanned healthcare received by pensioners and their family members in a third Member State and reimbursed by the competent Member State on the basis of the EHIC. Member States listed in Annex IV of the basic Regulation are entitled to a 20% reduction as they give pensioners and their family members additional rights of access to healthcare returning to the competent Member State, while the Member States not listed in that Annex are entitled to a 15% reduction.

Five Member States not listed in Annex IV of the basic Regulation⁶² reported the number of pensioners and their family members who received healthcare in one of these competent Member States under the Directive in the reference year 2016 (*Table 3*). *Annex II* reports figures for the reference years 2013 to 2015.

In 2015, Romania provided healthcare to 1,358 pensioners and family members residing in a lump-sum Member State, most of which residing in Spain. Estonia provided healthcare to 208 pensioners and family members residing in a lump-sum Member State, most of which residing in Finland. Malta (2 persons) provided healthcare to a very limited number of pensioners and family members residing in a lump-sum Member State. Finally, Portugal reported that it does not have cases of reimbursement under the Directive. Furthermore, the evolution of the reported figures show an increase of the number of reported cases between 2013 and 2016 for Romania and Estonia (*see also Annex II*).

In order to assess the impact of these cases, it is interesting to compare these figures with the total number of PDs S1 issued by Member States not listed in Annex IV of the Basic Regulation for pensioners and family members residing in a lump-sum Member State. Some 2,620 pensioners and family members with a PD S1 are insured in Romania and reside in Spain. This implies that some more than half of this group received healthcare in Romania under the Directive. With regard to Estonia, the number of pensioners and family members with a PD S1 and residing in Finland (157 PDs S1) is even lower than the number of pensioners and family members with a PD S1 issued by Estonia who reside in Finland and received healthcare in Estonia under the Directive (178 persons).

Romania (€ 91,093) and Estonia (€ 76,399) reported the highest amounts reimbursed to pensioners and their family members who were residing in a lump-sum Member State and who received healthcare in their competent Member State under the Directive. These figures could be compared with the amount of reimbursement claimed for persons with a PD S1 under the Regulations (*i.e. claims received based on*

⁶⁰ Croatia, Denmark, Estonia, Finland, Ireland, Italy, Latvia, Lithuania, Malta, Portugal, Romania, Slovakia, the United Kingdom, Norway and Switzerland.

⁶¹ In this context, Finland submits that in view of Article 3c(i) of the Directive and Article 26(1) of Regulation (EC) No. 987/2009 the Member State of residence that claims lump sums is also the Member State that is responsible to cover healthcare costs under the Directive to the person concerned (and not the Member State which has issued the PD S1). Accordingly, Finland does not agree that such a risk of incurring higher costs exists. This issue will be further followed-up in the relevant future questionnaires and reports on this issue.

⁶² Estonia, Italy, Latvia, Lithuania, Malta, Portugal and Romania.

fixed amounts introduced in 2016). Spain claimed approximately € 5.7 million from Romania in 2016 on the basis of fixed amounts for persons insured in Romania and residing in Spain. This implies that the reimbursement under the Directive by Romania of € 85,111 for reference year 2016 amounts to 1.5% of the amount claimed by Spain to Romania on the basis of fixed amounts for persons insured in Romania. Estonia received a claim in 2016 of € 717,772 from Finland based on fixed amounts for persons insured in Estonia and residing in Finland. This implies that the reimbursement under the Directive by Estonia of € 70,267 for reference year 2016 amounts to 10% of the amount claimed by Finland to Estonia on the basis of fixed amounts.

No figures are available on the number of pensioners and their family members resident in Spain to whom the UK has issued a PD S1 and who received healthcare in the UK under the Directive.⁶³ This would be an interesting figure taking into consideration the high number of pensioners and family member insured in the UK and residing in Spain.

Table 3 Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, 2016

	Number of persons					Amount reimbursed (in €)			
	EE	RO	IS	MT	PT	EE	RO	IS	MT
IE	7	21	0			322	6		
ES	11	1,220	78	2		2,026	85,111		11,952
CY		12	0				0		
NL		4	1				2.3		
PT		6	3				330		
FI	178	4	1			70,267	24		
SE	7	41	0			3,734	3,742		
UK	5	50	0			51	1,877		
NO		0	0				0		
Total	208	1,358	83	2	0	76,399	91,093		

* The amount reimbursed does not necessarily correspond to the number of persons

Source Questionnaire on the monitoring of healthcare reimbursement, Question 5

From the perspective of the sending countries, only Cyprus have issued 6 PDs S2 in 2016 to pensioners or their family members residing in this lump-sum Member States in order to receive planned healthcare in the competent Member State which has issued the PD S1 or a third Member State. However, no distinction has been made between the competent Member States and third Member States.

⁶³ The UK could not provide data. However, they replied that "they have implemented legislation that mirrors the Annex IV right while they wait to be formally listed on Annex IV of Regulation (EC) No 883/2004, therefore, Article 7(2)(b) is not relevant. Other UK territories have not implemented legislation that mirrors Annex IV so Article 7(2)(b) of Directive 2011/24/EU does apply."

4. SECOND SCENARIO: REIMBURSEMENT UNDER THE TERMS OF THE DIRECTIVE OF UNPLANNED HEALTHCARE PROVIDED IN A THIRD MEMBER STATE BY MEMBER STATES LISTED IN ANNEX 3 OF REGULATION (EC) NO 987/2009 WHEN ANOTHER MEMBER STATE IS COMPETENT

Member States listed in Annex 3 of Regulation (EC) No 987/2009 may, under the Directive, have to reimburse some groups of their residents who received unplanned healthcare in a third Member State, while under the Regulations this will be financed by the competent Member State. Therefore, the Member State of residence might bear costs for healthcare for which it is not being reimbursed via the fixed amounts. The questionnaire asked both the lump-sum Member States and the competent Member States to provide figures on this. However, no figures were provided by the lump-sum Member States.

From the perspective of the competent Member State, for reference year 2016, Bulgaria, Greece, Luxembourg, Hungary, Austria, Poland, Slovenia and Iceland provided figures.

Mainly pensioners and their family residing in a lump-sum Member State which is not the competent Member State received unplanned healthcare in a third Member State under the Regulations (*Table 4*), which is to be expected given the much higher number of PDs S1 received for this group of persons by the lump-sum Member States compared to the forms received for family members not residing in the same Member State as the insured person (*see Table 2*). Especially, a high number of persons insured in Luxembourg and resident in Portugal received unplanned healthcare in a third Member State.

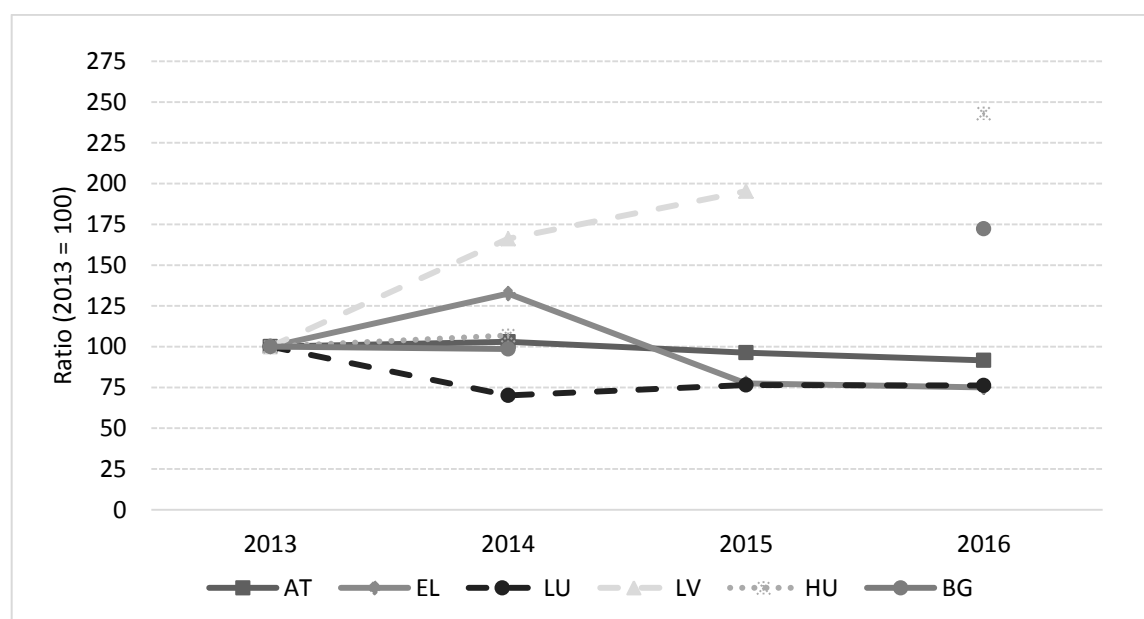
The evolution of the number of persons residing in a lump-sum Member State which is not the competent Member State and who received unplanned healthcare in a third Member State under the Regulations is shown by Figure 4 (*see also Annex III for reference years 2013 to 2015*). However, data covering several years is available only for a limited number of Member States. For Hungary a yearly increase of the number of persons who received unplanned healthcare in a third Member State can be observed. Latvia also shows a yearly increase between 2013 and 2015. Austria shows a rather stable evolution of the number of persons who received unplanned healthcare in a third Member State. Finally, Luxembourg and Greece show decreasing numbers since reference year 2013. In conclusion, most Member States show no strong decline of the number of persons who received unplanned healthcare in a third Member State under the Regulations. This might suggest that still most of the reimbursements are claimed under the Regulations.

Table 4 Number of persons involved residing in a lump-sum Member State - which is not the competent Member State which has issued the PD S1 - who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, breakdown by MS of residence, **2016**

	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS									Number of pensioners and their family residing in a lump-sum MS which is not the competent MS									
	AT	EL	HU	IS	LU	PL	SI	BG	Sub-total	AT	EL	HU	IS	LU	PL	SI	BG	Sub-total	Total
IE	0				0	0		0	0	0		6	0	7	0		36	49	49
ES	12	3			33	1		10	59	334	1	49	78	285	0	3	1,514	2,264	2,323
CY	0		2		0	0		0	2	0	17	1	0	0	0		117	135	137
NL	14				32	0		0	46	26	1	6	1	43	0		92	169	215
PT	2				319	0		0	321	23			3	1,156	0	2	14	1,198	1,519
FI	0				0	0		0	0	6		7	1	1	0		45	60	60
SE	5				2	0	1	0	8	17	6	19	0	8	0	1	99	150	158
UK	0	1			9	0		0	10	52	1	50	0	28	2	2	434	569	579
NO	0				0	0		0	0	0		1	0	0	0		6	7	7
Total	33	4	2		395	1	1	10	446	458	26	139	83	1,528	2	8	2,357	4,601	5,047

Source Questionnaire on the monitoring of healthcare reimbursement, Question 6

Figure 4 Evolution of the number of persons involved residing in a lump-sum Member State - which is not the competent Member State which has issued the PD S1 - who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, 2013-2016 (2013 = 100)



Source Questionnaire on the monitoring of healthcare reimbursement, Question 6

5. THIRD SCENARIO: REIMBURSEMENT UNDER THE TERMS OF THE DIRECTIVE OF PLANNED HEALTHCARE PROVIDED IN A THIRD MEMBER STATE BY MEMBER STATES LISTED IN ANNEX 3 OF REGULATION (EC) NO 987/2009 WHEN ANOTHER MEMBER STATE IS COMPETENT

Member States listed in Annex 3 of Regulation (EC) No 987/2009 may, under the terms of the Directive, have to reimburse costs of planned healthcare provided during a temporary stay in a third Member State to some categories of the residents for whom another Member State is competent under the terms of the social security coordination rules. Only Cyprus have issued 6 PDs S2 in 2016 to pensioners or their family members residing in this lump-sum Member States in order to receive planned healthcare in the competent Member State which has issued the PD S1 or a third Member State. However, no distinction has been made between the competent Member States and third Member States.

ANNEX I – QUESTIONNAIRE ON THE MONITORING OF HEALTHCARE REIMBURSEMENT

PART I - Questions to be answered by the lump-sum Member States listed in Annex 3 to Regulation (EC) No. 987/2009: Ireland, Spain, Cyprus, the Netherlands, Portugal, Finland, Sweden, the United Kingdom and Norway.

1) Quantification of number of involved persons living in the Member States that apply fixed amounts reimbursements with regard to these categories of persons

- *Total number of family members who do not reside in the competent Member State of the insured person (Article 17 of the basic Regulation)*

Number:

- *Total number of pensioners and members of their family*

Number:

If data is available, please specify the breakdown of the above total number:

- *No right to benefits in kind under the legislation of the Member State of residence (Article 24(1) of the basic Regulation)*

Number:

- *Pensioners under the legislation of one or more Member States other than the Member State of residence, where there is a right to benefits in kind in the latter Member State (Article 25 of the basic Regulation)* **Number:**

- *Residence of members of the family in a Member State other than the one in which the pensioner resides (Article 26 of the basic Regulation)* **Number:**

- 2) Specify the **number of Portable Documents (PD) S2 issued by your authorities (the reporting lump-sum Member State)** to pensioners or their family members residing in your Member State, to whom you have issued a PD S2 (on basis of Article 27(5) of Regulation (EC) No 883/2004), instead of the competent Member State which has issued the PD S1.

Breakdown by type of MS of treatment.

Reporting Member State: lump-sum Member State of residence issuing the PD S2.

	Member State of treatment ...		
<i>MS of treatment</i>	<i>Competent Member State which has issued the PD S1</i>	<i>A third Member State</i>	<i>Total</i>
Belgium			
Bulgaria			
Czech Republic			
Denmark			
Germany			
Estonia			
Ireland			
Greece			
Spain			
France			
Croatia			
Italy			
Cyprus			
Latvia			
Lithuania			
Luxembourg			
Hungary			
Malta			
Netherlands			
Austria			
Poland			
Portugal			
Romania			
Slovenia			
Slovak Republic			
Finland			
Sweden			
United Kingdom			
Iceland			
Liechtenstein			
Norway			
Switzerland			
Total			

- 3) Specify the **amounts reimbursed by your authorities (the reporting lump-sum Member State)** for pensioners or family members residing in your Member State, **who received planned care** in the competent Member State which has issued the PD S1, or a third Member State. **Please specify the type of reimbursement – whether it was provided on the basis of the Regulation (prior authorisation PD S2) or the Directive on cross-border healthcare**

Reporting Member State: lump-sum Member State of residence

MS of treatment	Member State of treatment ...			
	Competent Member State which has issued the PD S1 (in €)		A third Member State (in €)	
	Reimbursed on the basis of the tariffs of the MS of treatment (PD S2 under the Regulation)	Reimbursed on the basis of the tariffs of the MS of residence (application of the Directive)	Reimbursed on the basis of the tariffs of the MS of treatment (PD S2 under the Regulation)	Reimbursed on the basis of the tariffs of the MS of residence (application of the Directive)
Belgium				
Bulgaria				
Czech Republic				
Denmark				
Germany				
Estonia				
Ireland				
Greece				
Spain				
France				
Croatia				
Italy				
Cyprus				
Latvia				
Lithuania				
Luxembourg				
Hungary				
Malta				
Netherlands				
Austria				
Poland				
Portugal				
Romania				
Slovenia				
Slovak Republic				
Finland				
Sweden				
United Kingdom				
Iceland				
Liechtenstein				
Norway				
Switzerland				
Total	0	0	0	0

- 4) Specify the number of members of the family residing in a Member State other than the Member State in which the insured person

resides and pensioners and their family members residing in a lump-sum Member State which is not the competent Member State which has issued the PD S1 who received **unplanned healthcare in a third Member State** and the cost reimbursed by the Member State of residence to the patient **on the basis of Directive 2011/24/EU**?

Reporting Member State: lump-sum Member State of residence

MS of treatment	Number of persons			Amount reimbursed		
	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS	Number of pensioners and their family residing in a lump-sum which is not the competent MS	Total number	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS	Number of pensioners and their family residing in a lump-sum MS which is not the competent MS	Total amount (in €)
Belgium						
Bulgaria						
Czech Republic						
Denmark						
Germany						
Estonia						
Ireland						
Greece						
Spain						
France						
Croatia						
Italy						
Cyprus						
Latvia						
Lithuania						
Luxembourg						
Hungary						
Malta						
Netherlands						
Austria						
Poland						
Portugal						
Romania						
Slovenia						
Slovak Republic						
Finland						
Sweden						
United Kingdom						
Iceland						
Liechtenstein						
Norway						
Switzerland						
Total						

Part II - Question to be answered by Member States NOT listed in Annex 4 to Regulation (EC) No. 883/2004 competent for pensioners and members of their family living in a lump-sum Member State: all Member States except Belgium, Bulgaria, Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria Poland, Slovenia and Sweden.

- 5) Specify the number of pensioners and their family members resident in a lump-sum Member State to whom your Member State has issued a PD S1 and who **received healthcare in your Member State**, and the cost reimbursed to the patient (or otherwise covered by the system) on the basis of Directive 2011/24/EU

Reporting Member State: Competent Member State not listed in Annex 4 which has issued the PD S1

<i>MS of residence</i>	Number of persons	Amount reimbursed (in €)
<i>Ireland</i>		
<i>Spain</i>		
<i>Cyprus</i>		
<i>Netherlands</i>		
<i>Portugal</i>		
<i>Finland</i>		
<i>Sweden</i>		
<i>United Kingdom</i>		
<i>Norway</i>		
Total		

Part III - Question to be answered by ALL Member States

- 6) Specify the number of members of the family residing in a Member State other than the Member State in which the insured person resides and pensioners and their family members residing in a lump-sum Member State to whom your Member State has issued a PD S1 who received **unplanned healthcare** in **a third Member State** and the cost reimbursed by your Member State **on the basis of EHIC**

Reporting Member State: Competent Member State which has issued the PD S1 and the EHIC

MS of residence	Number of persons			Amount reimbursed (in €)		
	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS	Number of pensioners and their family residing in a lump-sum MS which is not the competent MS	Total number	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS	Number of pensioners and their family residing in a lump-sum MS which is not the competent MS	Total amount (in €)
Ireland						
Spain						
Cyprus						
Netherlands						
Portugal						
Finland						
Sweden						
United Kingdom						
Norway						
Total						

ANNEX II NUMBER OF PENSIONERS AND THEIR FAMILY MEMBERS RESIDENT IN A LUMP-SUM MEMBER STATE TO WHOM THE COMPETENT MEMBER STATE HAS ISSUED A PD S1 AND WHO RECEIVED HEALTHCARE IN THIS COMPETENT MEMBER STATE UNDER THE DIRECTIVE

Table A2.1 Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, **2015**

	Number of persons							Amount reimbursed (in €)						
	EE	IT	LT	LV	MT	PT	RO	EE	IT	LT	LV	MT	PT	RO
IE	2	2	2	48			6	74		90	1,480			2,322
ES	9	201	0	28	2		400	16,805		0	6,218			138,017
CY		8	0	1			1			0	40			10
NL		17	0	0						0	0			
PT		10	0	0						0	0			
FI	194	1	0	13			1	179,620		0	148			1,292
SE	7	9	2	25			21	4,248		88	691			3,795
UK	3	34	6	10			2	522		240	1,415			460
NO		1	0	2						0	18			
Total	215	283	10	127	2	0	431	201,268		418	10,011			145,897

* The amount reimbursed does not necessarily correspond to the number of persons

Source Questionnaire on the monitoring of healthcare reimbursement, Question 5

Table A2.2 Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, **2014**

	Number of persons					Amount reimbursed (in €)				
	LV	EE	RO	MT	LT**	LV	EE	RO	MT	LT**
IE	27	1	4		0	708	28	1,629		0
ES	24	3	300		6	1,122	497	106,582		14,131
CY	1		2		0	0		67		0
NL	0		2		0	0		20		0
PT	0		0		0	0		0		0
FI	12	125	0		1	1,184	74,722	0		769
SE	38	5	11		0	4,561***	4,163	3,666		0
UK	4	1	2	1	2	209	100	5	1,910	391
NO	2		0		0	0		0		0
Total	108	135	321	1	9	7,785	79,510	111,969	1,910	15,291

* The amount reimbursed does not necessarily correspond to the number of persons

** Figures for LT are newly included compared to last year

*** Amended figure for LV

Source Questionnaire on the monitoring of healthcare reimbursement, Question 5

Table A2.3 Number of pensioners and their family members resident in a lump-sum Member State to whom the competent Member State has issued a PD S1 and who received healthcare in this competent Member State under the Directive, breakdown by MS of residence, **2013**

	Number of persons				Amount reimbursed (in €)			
	LV	EE	RO	MT	LV	EE	RO	MT
IE	13	2	3		73	66	403	
ES	21	3	294		5,381	131	88,079	
CY	1		1		0		10	
NL	0		1		0		25	
PT	0		0		0		0	
FI	10	119	0		401	29,570	0	
SE	15	2	9		6,231	135	2,903	
UK	3		0		43		0	
NO	2		0		0		0	
Total	65	126	308		12,129	29,901	91,421	

* The amount reimbursed does not necessarily correspond to the number of persons

Source Questionnaire on the monitoring of healthcare reimbursement, Question 5

ANNEX III NUMBER OF PERSONS INVOLVED RESIDING IN A LUMP-SUM MEMBER STATE WHICH IS NOT THE COMPETENT MEMBER STATE WHICH HAS ISSUED THE PD S1 WHO RECEIVED UNPLANNED HEALTHCARE IN A THIRD MEMBER STATE UNDER THE REGULATIONS

Table A3.1 Number of persons involved residing in a lump-sum Member State which is not the competent Member State which has issued the PD S1 who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, 2015

	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS											Number of pensioners and their family residing in a lump-sum MS which is not the competent MS											
	AT	BE	EL	IT	LT	LU	LV	MT	PL	SI	Subtotal	AT	BE	EL	IT	LT	LU	LV	MT	PL	SI	Subtotal	Total
IE	0	0	0	9				1			10	2	5	0	26		5	48				86	96
ES	14	2	1	71		40					128	343	450	0	1,394		259	28		4		2,478	2,606
CY	0	0	1	2							3	0	0	9	54		1					64	67
NL	10	32	5	24		31		1			103	31	60	0	38		44	0				173	276
PT	3	2	0	4		362					371	25	50	0	59		1,131	0		2		1,267	1,638
FI	0	0	0	5							5	6	0	0	13		1	13				33	38
SE	4	1	10	21		3				1	40	20	3	3	30		7	25		1		89	129
UK	2	6	2	49		12					71	53	17	0	58		34	10		2		174	245
NO	0	0	0								0	3	1	0			1	2				7	7
Total	33	43	19	185	0	448		2	0	1	731	483	585	12	1,672	0	1,482	127	0	0	9	4,370	5,101

* BE: incomplete data as some insurance funds could not provide an answer.

Source Questionnaire on the monitoring of healthcare reimbursement, Question 6

Table A3.2 Number of persons involved residing in a lump-sum Member State which is not the competent Member State which has issued the PD S1 who received unplanned healthcare in a third Member State under the Regulations, from the perspective of the competent Member States, 2014

	Number of family members residing in a lump-sum MS, other than where the insured persons resides, which is not the competent MS										Number of pensioners and their family residing in a lump-sum MS which is not the competent MS									
	LV	EL	BG	AT	HU	LU	HR	EE	Sub-total		LV	EL	BG	AT	HU	LU	HR	EE	Sub-total	Total
IE		0	0	4					4		27	0	14	3	1	5			50	54
ES		3	9	32		38			82		24	0	1,091	356	34	232	4	1	1,742	1,824
CY		1	0	0					1		1	14	67	0	1				83	84
NL		5	0	12		30			47		0	2	33	33	7	35			110	157
PT		1	0	1		340			342		0	0	7	31		1,043			1,081	1,423
FI		1	0	0					1		12	0	22	6	3	1			44	45
SE		13	0	3		1			17		38	4	48	13	13	5	4		125	142
UK		8	0	4		8			20		4	1	63	53	3	30			154	174
NO		0	0	0					0		2	0	0	1		1			4	4
Total	0	32	9	56		417			514		108	21	1,345	496	62	1,352	8		3,392	3,906

* BE reported figures on the basis of the MS of treatment. Thus, the breakdown by MS of residence is not available. BE reported 23 persons who received unplanned healthcare in a third Member State and a reimbursed amount of € 3,962. PL reported 0 cases for reference year 2014.

Source Questionnaire on the monitoring of healthcare reimbursement, Question 6

Table A3.3 Number of persons involved residing in a lump-sum Member State which is not the competent Member State which has issued the PD S1 who received unplanned healthcare in a third Member State, from the perspective of the competent Member States, 2013

	<i>Number of family members residing in a lump-sum MS, other than where the insured person resides, which is not the competent MS</i>							<i>Number of pensioners and their family residing in a lump-sum MS which is not the competent MS</i>							
	LV	EL	BG	AT	HU	LU	Subtotal	LV	EL	BG	AT	HU	LU	Sub-total	Total
IE		0	0	3		1	4	13	0	14	1	1	5	34	38
ES		1	5	26		46	78	21	1	1,131	350	32	251	1,786	1,864
CY		1	2	0		0	3	1	13	58		1	0	73	76
NL		5	0	11		37	53	0	3	32	34	7	208	284	337
PT		1	0	1		410	412	0	0	6	32		1,429	1,467	1,879
FI		0	0			1	1	10	0	19	6	2	8	45	46
SE		6	2	3		1	12	15	3	46	12	13	30	119	131
UK		5	0			17	22	3	1	59	56	2	76	197	219
NO		0	0			0	0	2	0	0	1		4	7	7
Total		19	9	44		513	585	65	21	1,365	492	58	2,011	4,012	4,597

* BE reported figures on the basis of the MS of treatment. Thus, the breakdown by MS of residence is not available. BE reported 32 persons who received unplanned healthcare in a third Member State and a reimbursed amount of € 2,963.

* HU reported 40 persons involved for 2011 and 49 persons involved for 2012.

Source Questionnaire on the monitoring of healthcare reimbursement, Question

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